Outside Group Trip Request

Please read the instructions before completing this form. If you have any questions, see the Transportation Department contact list at the bottom of the instruction form.

Organization Name St. Henry District High School Date of Request 8/25/22

Organization Address 9755 Ichaben Dr.

Organization Phone Number 859-525-0255

Contact Name Grant Brannen Contact Cell Phone 859-992-9995

Destination Name St. Anna's Melbourne Date of Trip Feb 21-22

Destination Phone # 859-441-0679

Destination Address 5275 St. Anna's Dr. Melbourne, KY 41059

Destination Instructions off Route 9

Loading Location St. Henry District High School

Feb 21 Loading Time 9:00 Departure Time 9:05

Feb 22 Loading Time at Event 5:30pm Departure Time from Event 5:35pm

Return Time _____

Number of Passengers 48 Number of Buses requested 1

Additional Comments Thank You!

PO Number _____

For Transportation Use Only

Trip Approved by _____ Superintendant's Office

Date Received _____ Trip Number _____

Internal Approval _____

Date Estimate Sent _____ Fax Email Date Assigned _____

Date Billed _____

Submit Print Reset

Outside Group Trip Request

Please read the instructions before completing this form. If you have any questions, see the Transportation Department contact list at the bottom of the instruction form.

Organization Name St. Henry District High School Date of Request 8/25/20

Organization Address 3755 Ichaban Dr.

Organization Phone Number 859-525-0255

Contact Name Grant Brannen Contact Cell Phone 859-992-8895

Destination Name St. Anne's Melbourne Date of Trip Jan. 10 - Jan. 11

Destination Phone # 859-441-0679

Destination Address 5275 St. Anne's Dr. Melbourne, KY 41059

Destination Instructions off Route 9

Loading Location St. Henry District High School

Jan 10 Loading Time 9:00 am Departure Time 9:05

Jan 11 Loading Time at Event 5:30 pm Departure Time from Event 5:35 pm

Return Time

Number of Passengers 48 Number of Buses requested 1

Additional Comments Thank You!

PO Number

For Transportation Use Only

Trip Approved by _____ Superintendant's Office

Date Received _____ Trip Number _____

Internal Approval _____

Date Estimate Sent _____ Fax Email Date Assigned _____

Date Billed _____

Submit Print Reset