

BUS ORDER

Today's date _____

Requested by _____

Authorized signature _____

Event: _____

Date: _____

of students: _____ grade of students: _____

of staff: _____

Leave from _____ SSDS, Glen Cove building
 _____ other _____

Pick up Time: _____

Destination: _____

Address: _____

_____ Students will be picked up at destination. No return bus is needed.

_____ Return bus needed as follows:

Leave from _____ destination
 _____ other _____

Departure Time: _____

Destination: _____ SSDS, Glen Cove building
 _____ other _____

_____ Directions attached. Please provide directions to all destinations.

Please submit this bus order to Julia Hardy (516) 656-5500, extension 1224.