



HERSCHER CUSD#2
TRANSPORTATION DEPARTMENT
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HERSCHER CUSD#2 TRIP REQUEST FORM

Date of Trip (MM/DD/YYYY):

Name of Your School:

Type of vehicle(s) you are requesting:

Name of Group:

Grade level:

Number of Riders:

Destination

Load Time

Load Location:

Departure Time

Event Time:

Time Arriving Back at School:

Group Supervisor(s):

Supervisor's Phone:

Mileage:

Chaperones:

Directions to Destination:

Special Instructions:

Subject Related:

Curricular Outcome/Objectives:

Today's Date (MM/DD/YYYY)

Your Name

BGS request must be submitted to WepprechtM@hcsud2.org
HIS request must be submitted to MillerB@hcsud2.org
LMS request must be submitted to TaylorM@hcsud2.org
HHS request must be submitted to ElliotB@hcsud2.org