

ASA Request Form
After School Activity Transportation
Tacoma School District Fax: 571-1932 / Phone: 571-1853
First Student Phone: 272-7750

School: _____ Date: _____ Phone _____

ASA Coordinator Name: _____ Fax: _____

Accounting:

Program	Activity	Location	BRC

Authorizing Signature for BRC: _____

Day/Date ASA service to begin: _____ Day/Date service ends: _____

Indicate Day/s of Week	Dates of Service	Departure Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Time you will need the bus to arrive at your school (keeping in mind that the bus is not available until approximately 4 p.m.) _____

Requests for changes to feeder school drop-off locations: _____

Number of additional buses _____ Special Instructions/comments: _____

Requests for additional ASA buses must be paid for by the school or department. Please remember that this is not regular route stop service or door-to-door bus stop service and limited service is provided by the Transportation Department.

All requests for additional buses must have a BRC authorizing signature and sent to Transportation prior to trip time.