

Vehicle Request Form



Updated 9/13/22

Please submit completed form to the District Administrative Assistant.

iver Name:		Date Submitted:		
Name of class/group:				
Date of trip:	Departure Time:	Return Time:		
Destination:		City:	City:	
re students being transported?		If yes, how m	If yes, how many?	
Names of those students mention	ned above:	<u> </u>		
Educational Objective (reason for	vehicle use):			
tinerary (descriptive plan for the	trip):			
Gas Card needed?	s			
Gas Card needed? Vehicle Needed (circle one): Silver mini-van (seats 7)	s	Silver transit van (seats 10)	Wheelchair van (restricted use)	
✓ All school rules apply wher ✓ No tobacco, alcohol, or illic ✓ All traffic laws will be obey ✓ Seatbelts will be worn by the	Red mini-van (seats 7) expectations: n using school vehicles. (s) – with district approval – may operate of the driver and passenger at all times will be submitted to the office. or displaying appropriate conduct and er	e the vehicle.	(restricted use)	