

VEHICEL REQUEST FORM

DIRECTIONS: Please, fill out a week in advance and return to Mr. Porter for approval.

Reason for Vehicle (Please Check one)

Sports Activity Field Trip Professional Camps

Other: _____

Date: _____ Leave Time: __: __ AM/PM Return Time: __: __ AM/PM

From: _____ To: _____

OF Students: _____ # of Sponsors: _____

Special Equipment being hauled?: _____

Driver Assigned: _____

Bus Driver or Staff Assigned: _____ Total Time: _____

Mileage Before: _____ Mileage After: _____ Total: _____

Bus 96 Bus 03 Bus 06 Bus 09 Van Suburban

Was Bus left clean? Yes / No Was conduct of students satisfactory? Yes / No

Any Damages to Bus? Yes/ No

If yes please

list: _____

Signature of Superintendent

Signature of Staff Member