

**REQUEST FOR SCHOOL VEHICLE**  
**Junction City School District**

Printed name of person making request _____	
Date(s) needed _____	
Destination _____	
Leave time _____ Return time _____	
Who will be driving? _____	
How many students (if any) will be traveling in school vehicle? _____	
Purpose of trip _____	
Educational Objective (if applicable) _____	
_____	

*NOTE: Please fill in all pertinent information and obtain required signatures before forwarding request to District Transportation Administrator. Please forward this completed form at least ~~ten~~ <sup>five (5)</sup> working days before date needed in order for the request to be processed in a timely manner.*

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Building Principal signature \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_ A school vehicle is available for the date(s) requested and has been reserved for you.

\_\_\_\_\_ School vehicles are unavailable for this date. Please make other arrangements for travel. If you use a private vehicle, please turn in a copy of this request with a mileage reimbursement request to the District Administration Office.

School vehicle assigned \_\_\_\_\_

\_\_\_\_\_  
District Transportation Administrator

\_\_\_\_\_  
Date

Additional notes: