

DAYTON SCHOOL DISTRICT #2

Dayton, Washington

REQUEST FOR SCHOOL CAR AND VANS

Person requesting vehicle _____

Driver Abstract: ☐ yes or no ☐

Driver License: ☐ yes or no ☐

Proof of Insurance: ☐ yes or no ☐

Disclosure Statement: ☐ yes or no ☐

Van Safety Course: ☐ yes or no ☐

Date of vehicle use: _____

Destination: _____

Estimated route trip mileage: _____

Purpose of trip: _____

Check one:

- ☐ Field trip
- ☐ Meeting
- ☐ Professional development/training
- ☐ Other (please describe) _____

Which vehicle is preferred? (check one)

- ☐ White Van
- ☐ Silver Van
- ☐ Car

Estimated student load: _____

Student departure time: _____ Return time: _____

Comments: _____

Approved: _____ Date: _____