

NORTHWESTERN SCHOOL CORPORATION
REQUEST FOR USE OF PRIVATE AUTO TO SCHOOL FUNCTION

Name of Student (or Group): _____

Date of Event: _____ Time of Event: _____

What is the event? _____

Name of the Organization: _____

Name of Adult Sponsor: _____

Destination and approximate miles traveled: _____

Reason for Special Request: _____

Parent's Signature: _____ On File: _____

Sponsor's Signature: _____ Date: _____

Principal's Comments: _____

Principal's Recommendation/Approval: _____

Principal's Signature: _____ Date: _____

Superintendent's Recommendation/Approval: _____

Superintendent's Signature: _____ Date: _____