

Regional School Unit 1 VAN Request Form

**REQUESTS FOR VAN USE MUST BE RECEIVED
BY CENTRAL OFFICE AT LEAST 2 WEEKS IN ADVANCE**

REQUESTS FOR **OUT OF STATE** TRIPS MUST BE MADE 30 DAYS IN ADVANCE

All trips are subject to the Superintendent's approval. Out of state require Board Approval

School: _____ Teacher(s): _____
Grade(s): _____

Date(s) of trip: _____ Total Round Trip Mileage: _____

Destination: _____ Is this an out of state trip? _____

Physical address: _____

DEPARTURE TIME FROM SCHOOL: _____

ARRIVAL TIME AT DESTINATION: _____

DEPARTURE FROM DESTINATION: _____

ARRIVAL TIME BACK AT SCHOOL: _____

*Vans may be taken to & from destination requested **ONLY**.
No drive-thrus, car washes, or other stopping elsewhere unless otherwise approved by David Richards, Facilities & Maintenance Director.*

NUMBER OF STUDENTS: _____ NUMBER OF ADULTS: _____

**Due to COVID-19 Restrictions: Vans can accommodate no more than 7 passengers.*

PURPOSE OF TRIP: _____

GOALS & OBJECTIVES: _____

Driver for this trip must attach copy of Valid Driver's License to this request.

Teacher in Charge of Trip Date

Approved by:

Principal/Director Date

Facilities/Maintenance Director Date

Superintendent of Schools Date

- ____ Principal's Office
- ____ Classroom Teacher
- ____ School Nurse

(09/17/20)

FOR OFFICE USE ONLY

- Spreadsheet
- Board Approved _____
- DL to File
- Denied _____
- Copy to School