

REQUEST FOR USE OF ACTIVITY VAN

Pamlico County Schools
(No Longer Allowed for Student Trips)

NUMBER OF VANS NEEDED _____

Name of School _____

Name of Teacher _____

Name of Driver _____

When do you plan to leave? Date _____ Time _____

When do you plan to return? Date _____ Time _____

Destination _____

Purpose of Trip _____

Signature

Date

Principal's Approval

Date

Required for Overnight or Out-of-State Trips Only:

Superintendent's Approval

Date

A completed copy of this form must be taken to the school bus garage by the teacher or driver at the time the van is picked up.

Odometer Reading: Beginning of Trip	_____
Odometer Reading: End of Trip	_____
Total Trip Mileage	_____