

DATE _____

WEST JEFFERSON SCHOOL DISTRICT #253

DISTRICT CAR REQUEST

(SUBMIT FOR ALL TRIPS 5 DAYS PRIOR - ONE COPY)

1. Requesting School _____

Grade/Class/Group _____

Teacher/Advisor _____

Number of Persons Needing Transportation:

Students: _____ Adults: _____ Total: _____

2. Purpose _____

3. Date car is requested for _____

4. Destination _____

Miles to Destination _____

Time leaving District Office _____

Approximate time of return _____

SIGNATURE OF PERSON TAKING CAR _____

APPROVED BY (SIGNATURE OF PRINCIPAL) _____

DISTRICT OFFICE USE

Date Received _____

Approved By _____ Not Approved _____

Transportation Supervisor _____