



USE OF PRIVATE VEHICLE FORM

Please complete this form and forward it to the superintendent's office prior to use of private vehicles for transporting students to curricular and extra-curricular activities.

Date:	School:	
Purpose of Trip:		
Destination:	Number and/or Names of Students:	
Departure: Date: _____ Time: _____	Return: Date: _____ Time: _____	
Supervising Staff: _____ _____		
Vehicle(s) to be used:		
Vehicle Plate Number	Owner	Driver
_____	_____	_____
_____	_____	_____
_____	_____	_____
Please list the passengers in each vehicle on a separate page and submit along with this form.		
_____	_____	
School	Approved by	