

**WEST POINT CONSOLIDATED SCHOOL DISTRICT
REQUEST TO USE DISTRICT VAN**

School or Dept:	Date:
Destination:	Total Mileage:
Purpose of Trip:	
Date of Departure:	Time of Departure:
Date of Return:	Time of Return:
Name of Driver:	Driver Cell Phone #:
Number of Passengers:	
Account No. to be Charged:	

The supervising teacher is responsible for the following:

1. The conduct of the student is the supervising teacher’s responsibility.
2. The van must remain clean and sanitary at all times – please remove all trash upon return.
3. The van should be fueled up before returning to Central Office.

Do’s and Don’ts for driving any school vehicle:

1. No alcohol or drugs in vehicle.
2. No cell phone use while driving.
3. Only authorized personnel are allowed to drive school vehicles.
4. No unauthorized passengers are allowed in school vehicles.
5. All medication that could impede driving ability should be reported to proper authorities before driving a school vehicle.

_____ Date

Supervising/Sponsor Faculty Member

_____ Date

Principal’s Signature

_____ TO BE COMPLETED BY CENTRAL OFFICE _____

() Approved

() Disapproved

_____ Date

Assistant Superintendent

- () **Van Available - The van has been reserved for you. If plans change, please contact Central Office as soon as possible.**
- () **Van Not Available – Mileage has been added to your approved request for travel form.**

*THIS ONLINE FORM MUST BE PRINTED ON GREEN PAPER AND SUBMITTED
TO CENTRAL OFFICE WITH YOUR REQUEST FOR TRAVEL FORM*