

DOLORES SCHOOL DISTRICT RE-4A

Vehicle Request

***Note: This form must be delivered to the Transportation Director
2 weeks prior to leave date for event***

Date: _____

Name of Organization / Event _____

Destination _____ Purpose _____

Number to be transported _____

Date & Time of Leave _____

Date & Time of Event _____

Date & Time of Return _____

Special Arrangements: Students to be excused, etc. _____

Is this an overnight trip? _____ If so, how many nights? _____

In the event an emergency occurs during any school trip that causes deviation from this schedule to any extent, I shall notify the Superintendent as soon as possible. I agree to assist the bus driver in maintaining order while students are being transported and assume full responsibility for their conduct during the school activity outlined above.

Sponsor in Charge

Transportation Director

Travel approved _____
Principal

Other Sponsor(s) _____

Driver(s) _____

Number of miles to be traveled _____ Bus Number: _____