

SARANAC CENTRAL SCHOOL DISTRICT

School Vehicle Request Form

NAME OF APPLICANT/DRIVER: _____ EXT: _____

DATE(S) REQUESTING SCHOOL VEHICLE: _____ TO _____

VEHICLE BEING REQUESTED: (DO CAR/VAN): _____

DESTINATION: _____

REASON: _____

VEHICLE AVAILABILITY CONFIRMED WITH TRANSPORTATION: ☐ DATE: _____

DRIVER CONTACT IN CASE OF EMERGENCY: _____

DRIVERS LICENSE ON FILE: YES / NO

*PLEASE NOTE: A COPY OF THE DRIVERS LICENSE MUST BE ON FILE BEFORE USING A SCHOOL VEHICLE FOR INSURANCE PURPOSES

APPROVALS: _____ DATE: _____

BUILDING PRINCIPAL

_____ DATE: _____

SUPERINTENDENT OF SCHOOLS

ONCE APPROVED THIS REQUEST WILL BE SENT TO THE TRANSPORTATION SUPERVISOR