

VAN REQUEST FORM

Name of teacher requesting transportation _____

School _____

Subject Area or Grade _____

Number to be transported _____ (**Van capacity is limited to eight persons, -- one driver and maximum of seven passengers.**)

Destination & Mileage Round Trip _____

Destination

Mileage

Departure Time & Date _____

Time

Date

Return to Litchfield by _____

Time

Date

Driver's License Number of Employee Who Will Drive Van _____

A CLEAR MOTOR VEHICLE RECORD (MVR) MUST HAVE BEEN RECEIVED IN THE UNIT OFFICE PRIOR TO AN EMPLOYEE DRIVING A SCHOOL VAN. THE DRIVER MUST HAVE SUBMITTED A COPY OF HIS/HER DRIVER'S LICENSE TO THE UNIT OFFICE TO OBTAIN THE MVR. (Only one MVR is needed per school year.)

Approved _____ Disapproved _____

Principal _____

Approved _____ Disapproved _____

Director of Transportation _____

NOTE: Only authorized school employees are permitted to drive the school vans. If students are being transported in the van, signed permission must be on file in the school office.

Assigned to _____ Van No. _____

Van Driver