

USD 447 Cherryvale/Thayer Schools  
Request for use of District-owned Vehicle(s)

Name of Organization/Grade/School: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Name of Driver(s): \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Type of Vehicle requested and how many:  Car  Suburban  Van

Number of Students: \_\_\_\_\_ Number of Adults: \_\_\_\_\_

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**Completed by Administration**

Date: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

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**Completed by Superintendent or Authorized Personal**

Date: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Approver's Signature: \_\_\_\_\_

Vehicle(s) Assigned: \_\_\_\_\_