

**BERWICK AREA SCHOOL DISTRICT
APPLICATION FOR USE OF SCHOOL VEHICLES**

Date: _____

Person Making Application: _____ Building: _____

Name of Organization, Group, Etc.: _____

Date(s) Desired: _____

Time of Departure: _____ Time of Return: _____

Destination: _____ Number of Vehicles Requested: _____

Number of Students: _____ Faculty: _____ Others: _____ Total: _____

List those riding in vehicle with you:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant: _____

STAFF TRIP REQUEST MUST BE APPROVED BY SUPERINTENDENT BEFORE VEHICLE WILL BE ASSIGNED FOR OFFICE USE ONLY:

APPROVED: _____ VEHICLE(S) ASSIGNED: _____

DISAPPROVED: _____ / NO VEHICLE AVAILABLE

SIGNATURE OF TRANSPORTATION DIRECTOR: _____ DATE: _____

NOTE: Please return all copies to Transportation Office three (3) days in advance of trip. Applicant's copy will be returned once approved or disapproved.