

Office
Use
Only

Date	_____
Vehicle	_____
Driver	_____

Wewoka Public Schools Vehicle Request Form

Car Suburban Van Bus Head Start Van

Name of organization _____

Reason for trip _____

Sponsor's name _____

Destination of trip _____

Date of trip _____

Is this an Activity Date? Yes _____ No _____

Time of departure _____

Expected time of return _____

How many students are going _____

- The request shall be made as soon as the activity has been approved. 48 hours is required.
- Sponsors must have parental permission and take along emergency medical treatment cards for each student going before you leave.
- Drivers shall conduct a pre-trip inspection before each trip and an evacuation drill with each rider once per semester. Do not take any vehicle without approval and all signatures below.

Name of driver (if known): _____

Sponsor's signature _____

Principal's signature _____

Superintendent's signature _____

Transportation's signature _____

Send Copy Back to Building When Confirmed or Notify Sponsor of Conflict