Form VT 7/09

ORRVILLE CITY SCHOOLS

VAN TRIP REQUEST FORM

All information should be complete and submitted at least (10) days in advance of the scheduled trip. Vans will be scheduled on a first come, first served basis.

Date of Trip		
Destination of trip Out of State trips need prior book	ard approval.	
Person in charge		
Number of vans		
Number of students	Number of Adults	
Certified Van Driver/s for trip		
Departure time	Return time	
Meal stop planned en route?	YesNo	
Emergency contact phone numb	er	-
Directions		
Starting Mileage	Ending Mileage	
Transportation Supervisor Appro	oval	Date

***This form is to be carried on the trip by the driver/s and returned to the Central Office with van keys upon completion of the trip.