Emmett School District #221 STAFF VAN REQUEST FORM

Bus Shop Fax: 208-365-2459

Use of school district VANS is available for Administrators and Staff only. All van trips must have prior approval from the superintendent before submitting transportation request forms to the bus shop.

| <u>IMPORTAN</u> | IT: ALL reque | sts MUST BE submitted to The BUS | SHOP 10 SCHOOL DAYS price | or to the date of the trip. | |
|-----------------|---|---|---------------------------|-----------------------------|--|
| Building: | | | Today's | Date | |
| | | | Date o | f Trip | |
| Group: | | | Pick up Van @ Bus Shop | | |
| | | | Depart for Destination | | |
| # of Adults: | | | Arrive at Destination | | |
| | | | Depart From Destination | | |
| Contact Per | rson <u>:</u> | | Return Van to Bus Shop | A.M. P.M. | |
| Contact Per | rson Cell Phone | #: | | | |
| Description | of Trip: (Please | include location and purpose of trip | p) | | |
| | | | | | |
| | | | | | |
| _ : | _:_ | ******NO STUDENT TRANSP | ORTATION IN VANS***** | _ : _ : _ | |
| Funding So | ource / Code: _ | | | | |
| Yes | No Has the driver been preapproved to drive a district vehicle? Must have Full Name, DL # and Date of Birth submitted to bus shop at least 1 week prior to trip. | | | | |
| List full nam | nes of the "ESD | employees" that will be driving the dis | strict van: | | |
| | | | | | |
| _ | | | | | |
| Yes | No 🗌 | Has this trip been approved by the | he Superintendent? | | |
| | | | DO NOT | FILL OUT THIS AREA | |
| Teacher Signa | iture | | FOR BU | FOR BUS SHOP USE ONLY | |
| | | | Athletic Activity | | |
| Administrator S | Signature | | Administration | Uan # | |
| | | | ESD Staff | | |
| | | Superintendent Signature | Tota | l Miles | |
| Date | | A | | IVIIIes | |
| Date: | | Approved Denie | :OI | | |

Form updated: 3/2/2020