

# Regional School Unit 1

## VAN Request Form

**REQUESTS FOR VAN USE MUST BE RECEIVED  
BY CENTRAL OFFICE AT LEAST 2 WEEKS IN ADVANCE**

REQUESTS FOR **OUT OF STATE** AND **OVERNIGHT** TRIPS MUST BE MADE 30 DAYS IN ADVANCE

*\*All trips are subject to the Superintendent's approval. Out of state and overnight require Board Approval\**

School: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Grade(s): \_\_\_\_\_

Date(s) of trip: \_\_\_\_\_ Is this an overnight trip? \_\_\_\_\_

Destination: \_\_\_\_\_ Is this an out of state trip? \_\_\_\_\_

Physical address: \_\_\_\_\_

DEPARTURE TIME FROM SCHOOL: \_\_\_\_\_

ARRIVAL TIME AT DESTINATION: \_\_\_\_\_

DEPARTURE FROM DESTINATION: \_\_\_\_\_

ARRIVAL TIME BACK AT SCHOOL: \_\_\_\_\_

***Vans may be taken to & from  
destination requested ONLY.***

NUMBER OF STUDENTS: \_\_\_\_\_

NUMBER OF ADULTS: \_\_\_\_\_

*Vans can accommodate 14 passengers.*

PURPOSE OF TRIP: \_\_\_\_\_

GOALS & OBJECTIVES: \_\_\_\_\_

**Driver for this trip must attach copy of Valid Driver's License and  
proof of insurance to this request.**

\_\_\_\_\_  
Teacher in Charge of Trip

\_\_\_\_\_  
Date

**Funding Source:** (To be completed by school office personnel)

\_\_\_\_\_  
Principal/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent of Schools

\_\_\_\_\_  
Date

\_\_\_\_ Principal's Office  
\_\_\_\_ Classroom Teacher  
\_\_\_\_ School Nurse

### FOR OFFICE USE ONLY

☐ Spreadsheet

☐ DL to File

☐ Copy to School

☐ Board Approved \_\_\_\_\_

☐ Denied \_\_\_\_\_