



Private Vehicles for Extra Curricular Trips

1. Purpose of Trip: _____
2. Number of students: _____
3. Destination: _____
4. Date of Departure: _____ Time: _____
5. Date of Return: _____ Time: _____
6. Supervising Teacher(s) Assigned: _____
7. Requisitioned by: _____
8. Authorized by: _____
Principal

Vehicle # 1

Vehicle Used: _____
 Plate #: _____
 Registered Owner: _____
 Driver: _____

Passengers:

Vehicle # 3

Vehicle Used: _____
 Plate #: _____
 Registered Owner: _____
 Driver: _____

Passengers:

IS VOLUNTEER DRIVER FORM (1J0A-E5) AND VEHICLE REGISTRATION IS ON FILE

Vehicle # 2

Vehicle Used: _____
 Plate #: _____
 Registered Owner: _____
 Driver: _____

Passengers:

Vehicle # 4

Vehicle Used: _____
 Plate #: _____
 Registered Owner: _____
 Driver: _____

Passengers:

