APPLICATION FOR VEHICLE USE

PERKINS LOCAL SCHOOL DISTRICT
3714 CAMPBELL STREET, SUITE B
SANDUSKY, OHIO 44870

Instructions:

1. Each trip MUST be on a separate form.
2. Circle AM or PM where indicated and complete ALL fields.
3. Trip requests must be submitted to the Transportation Office **at least 10 (ten) school/working days** prior to the departure date of the trip. *If a trip is being requested less than 10 (ten) school/working days prior to the departure date of the trip, please use the LATE REQUEST form instead.*

Field Trip Name: _____ | School: _____

Activity/Class Name: _____ | Contact Name: _____

Depart Date: _____ Depart Time: _____ AM / PM | Contact Phone: _____

Return Date: _____ Return Time: _____ AM / PM

Depart From (circle one): Front of Building | Rear of Building | Field House | Stadium | North End | East End | South End | West End

Destination Name: _____ | Street: _____

City: _____ | State: _____ | Zip Code: _____

Equipment (check one): _____ Regular School Bus _____ School Van (7-passenger)

_____ Regular School Bus w/Storage Compartment _____ Wheelchair Lift Equipped School Bus

_____ Regular School Bus & School Van (specify how many of each): _____

No. of Students: _____ | No. of Adults: _____ | No. of Wheelchairs: _____ | No. of Vehicles: _____

Notes (meal stops, special instructions/information): _____

_____

_____

_____

Reason for Trip: _____

_____

_____

Teacher/Coach Signature: _____ Date _____

Date Secretary Submitted in Tripfinder: _____ Tripfinder Trip #: _____

PLEASE NOTE: The driver does not have the authority to go off route. Be sure all above information is correct.

Form: TRIP-TR.7.21