

West Park Elementary Vehicle Request



	sed for any school activity, workshop, or confeturn the approved, completed form to the Ele	Date of Request: Ference. Arrangement must be made as early as possib ementary Office.
Requested by:		Event:
Destination:		
Date(s) requested:	Pick up time:	Return time:
Special Instructions:		
DRIVER STATEMENT I certify that I have not been conveand that the information given ab		nfluence of any drug or alcohol within the past five year
Signature:		Date:
Driver's License Number: Additional Driver:		Exp Date:
		Date:
 Be sure that you have regist driver's license and current Check the safety of the vehi Carry only the number of pa Indicate vehicle condition or 	ert student on field trips or other school activit ered with the District for such purpose, have a liability insurance at or above the minimum a scle: tires, brakes, lights, horn, suspension, etc assengers for which the vehicle was designed in the Vehicle Inspection Report form. IGER TO USE A SAFETY BELT.	notified the District of your activity, and have a valid mount required by law for each occurrence.
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Received By:	Date	:
Approved My:	Date	e:
	Beginning Miles:	
	Ending Miles:	
	Total Miles:	