CAR/SUV Travel Request Form

submit to: Melanie Hardy (General) or Jill Mickels (Athletics)

❑ Suburban   ❑ District Car   ❑ Cone-site Car   ❑ Private Vehicle *(*see below)* ❑Rental Car

❑ PV Parent taking own student - notification of travel only.   **Driving Certificate Test Date** _____

Person Making Request:_____Cell Phone # _____

Destination:_____   _____
             City/State   *Location of Activity*

Purpose of Trip: _____Date & Time Event Starts: _____

Depart Date: _____Depart Time *(time you want to leave SCHS)* _____

Arrival Time *(time you get to destination)* _____

Return Date: _____Depart Time *(time you will leave activity location)* _____

Arrival Time *(time you get to SCHS)* _____

District # or SCHS Account Name *(how vehicle is being paid for:)* _____

If requesting District Car or Suburban - Date/time you would like to pick up that vehicle?
District cars cannot be taken home over night

Vehicle Pick-up Date _____Vehicle Pick-up Time _____

#Adults _____ (*if no students traveling*)

#Students_____ (*a suburban holds 8 adults*) & #Chaperones: _____ (*if students are traveling*)

NAMES OF ADULTS/CHAPERONES:

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

*Private Vehicle(s):

Driver_____	Make_____	Model_____	VIN# _____
Driver_____	Make_____	Model_____	VIN# _____
Driver_____	Make_____	Model_____	VIN# _____
Driver_____	Make_____	Model_____	VIN# _____
Driver_____	Make_____	Model_____	VIN# _____

<u>Drivers have to</u>:
- Watch the Safe Driving Video & take the District Driving Test. Link is on school web page under Teachers/Drivers training. Give copy of certificate to Jill.
- Provide a copy of a valid drivers license, and current proof of vehicle insurance to Jill (if not a district employee).
- The Principal's signature on request is also required.

See back for Hotel Info:

SCHS Hotel Reservation Request

Total hotel rooms needed #_____

Double Queen rooms needed #_____   King rooms needed #_____

Date(s) you need a hotel: _____

# of nights: _____

Do you have a hotel preference? _____

Address/City for hotel preference: _____

District # or SCHS Account Name *(how student rooms are being paid):*_____

District # or SCHS Account Name *(how teacher/coach rooms are being paid):* _____

Hotel _____

Hotel Address _____

Hotel Phone # _____

Confirmation # _____   Room Rate $_____