

Today's Date \_\_\_\_\_  
Must be submitted 14 days prior to travel date.

## 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

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 \_\_\_\_\_

#Students \_\_\_\_\_ (*a suburban holds 8 adults*) #Adults / Chaperones: \_\_\_\_\_

**Names of Adults/Chaperones (INCLUDE Driving Certificate Test Date if driving):**

|             |                 |             |                 |
|-------------|-----------------|-------------|-----------------|
| Adult _____ | Test Date _____ | Adult _____ | Test Date _____ |
| Adult _____ | Test Date _____ | Adult _____ | Test Date _____ |
| Adult _____ | Test Date _____ | Adult _____ | Test Date _____ |
| Adult _____ | Test Date _____ | Adult _____ | Test Date _____ |
| Adult _____ | Test Date _____ | Adult _____ | Test Date _____ |

**\*Private Vehicle(s):**

|              |            |             |
|--------------|------------|-------------|
| Driver _____ | Make _____ | Model _____ |
| Driver _____ | Make _____ | Model _____ |
| Driver _____ | Make _____ | Model _____ |
| Driver _____ | Make _____ | Model _____ |
| Driver _____ | Make _____ | Model _____ |

**Drivers have to:**

- 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.
- If not a district employee provide a copy of a valid drivers license, and current proof of vehicle insurance to Jill.

**See back for Hotel & Itinerary: →**

# 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:

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

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## Detailed itinerary necessary for overnight student travel

| <i>Depart Location</i> | <i>Date</i> | <i>Time</i> | <i>Arrival Location</i> | <i>Time</i> |
|------------------------|-------------|-------------|-------------------------|-------------|
|                        |             |             |                         |             |
|                        |             |             |                         |             |
|                        |             |             |                         |             |
|                        |             |             |                         |             |
|                        |             |             |                         |             |
|                        |             |             |                         |             |
|                        |             |             |                         |             |

Hotel

Hotel Address

Hotel Phone #

Confirmation #  Room Rate \$