

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 #

Check In Date:

Check Out Date:

of nights:

Do you have a hotel preference?

Address/City for hotel preference:

SCHS Account Name (To pay for rooms)

of Adult rooms:

of Student rooms:

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 \$