



## APPLICATION FOR USE OF EXTRA-CURRICULAR PURPOSE VEHICLE

School: \_\_\_\_\_

OR

Department \_\_\_\_\_

DATE: \_\_\_\_\_

SPONSOR AND PHONE NUMBER: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

(DESCRIBE NATURE OF ACTIVITY)

LOCATION OF PICK-UP: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_

(Attach a copy of the "Approved" Field Trip Request to this Form)

TIME OF DEPARTURE: \_\_\_\_\_

TIME OF RETURN: \_\_\_\_\_

NUMBER OF PASSENGERS:    44 Passengers             12 (1) Wheelchair     44 Passengers   
 Please check one (✓)        18 Passengers             14 Passengers

FUNDING SOURCE:    Federal Funds             General Fund             Other

Account No.: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

BUILDING PRINCIPAL

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

COORDINATOR OF STUDENT TRANSPORTATION

**\*\*A MINIMUM OF FIVE (5) WORKING DAYS IS REQUIRED\*\***

Confirm:        Transportation Available?    Yes \_\_\_\_\_    No \_\_\_\_\_

Cost to School: \_\_\_\_\_

**PLEASE SUBMIT WITH THE COORDINATOR OF STUDENT TRANSPORTATION FOR SIGNATURE  
 SERVICE CENTER – 620 EAST 10<sup>TH</sup> PLACE – GARY, IN 46402**