

**LAMOILLE NORTH SUPERVISORY UNION  
TRANSPORTATION REQUEST FORM**

**A) REQUEST INFORMATION**

**Current Date:** \_\_\_\_\_

Requestor \_\_\_\_\_ School/Department \_\_\_\_\_

Destination \_\_\_\_\_

Event Day/Date(s) \_\_\_\_\_

Departure Time \_\_\_\_\_

Return Time \_\_\_\_\_

Number of Students/Adults \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**B) DRIVER INFORMATION**

All drivers must provide valid driver's license, copy of insurance and have a clean DMV Record on file.

Driver #1 \_\_\_\_\_ DL # \_\_\_\_\_

Copy of Insurance attached: Yes/No      DMV Record on file: Yes/No

Driver #2 \_\_\_\_\_ DL # \_\_\_\_\_

Copy of Insurance attached Yes/No      DMV Record on file: Yes/No

Van License Number \_\_\_\_\_ Start Mileage \_\_\_\_\_ End Mileage \_\_\_\_\_

Van License Number \_\_\_\_\_ Start Mileage \_\_\_\_\_ End Mileage \_\_\_\_\_

**C) REQUEST CONFIRMATION**

Confirmation Date \_\_\_\_\_

Transportation Supervisor Signature \_\_\_\_\_

Van transportation has been scheduled as requested. In the event of a cancellation, please notify Jackie Schmelzer at (802) 851-1164 or (802) 760-7789 as soon as possible.