



CHELSEA
SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

14138 Old US 12
Chelsea, MI 48118
P: 734.433.2274
F: 734.433.2217
www.chelsea.k12.mi.us

Chelsea School District Van Usage Request

Name: _____ Group/School: _____

Email: _____ Today's Date: _____

Name and address of destination: _____

Date of trip: _____ Mileage One-Way (required): _____

Departure time: _____ Return time: _____

** Please note, at this time we only have one van available to transport passengers. Vans are reserved on a first come, first serve basis. **

Number of passengers: _____ (Van seats 8, including driver)

Driver name: _____ **Driver must have Chauffer's license on file with Chelsea Transportation Department**

Trip costs are charged per mile.

Estimate: \$ _____ Actual cost: \$ _____

Address and email to send invoice for payment:

Group Representative: _____

Chelsea Representative: _____