

Transportation

(Request for Student Van)

Palmerton Area School District

REQUESTER	
Name of Driver or Applicant:	Date:
Department:	Email: Cell:
Parental authorization form (SAPW/OT2000) must be completed for all participating students.	
<ol style="list-style-type: none"> Fill out form and submit to your Principal in order that Director of District Facilities receives 7 days prior to event. For trips during normal school hours, the keys for school van(s) can be picked up and returned to the Facilities Office. The van(s) would be picked up and returned to spaces marked <i>PASD VAN</i>. Specific arrangements must be made with the Director of Facilities if the van is needed before or after school hours. Superintendent's approval is required for using the vehicle overnight. During vehicle use, the driver should monitor vehicle information such as any fuel, oil pressure, alternator gauge, and any service messages displayed by the vehicle computer. Vehicle performance information is required if there are any issues noted (forms available in vans) to be filled out completely after vehicle is returned. Vehicle should be emptied of all personal items including trash and completed form turned in when keys are returned. 	

VEHICLE REQUESTED	SIGNATURE
_____ 1 OR 2 Student Van (10 max capacity, inc driver) If (2) student vans are selected (10 max capacity, inc driver) please enter the (2nd) name of the PASD Van Driver : _____ Please provide the (2nd) PASD Van Driver's Signature: _____	PASD Van Driver's Signature: _____

TRIP INFORMATION		
Description of Activity:		
Departure Location:	Departure Date:	Departure Time:
Destination Name and city, state:		
Number of Occupants (driver plus passengers):	Return Date:	Return Time:

Athletic: _____
 Activity: _____

Education: _____
 Other: _____

APPROVAL	
Principal: _____	Date:
Director of District Facilities: _____	Date:
Superintendent (Overnight Only): _____	Date:

George's Bus Requests/Trip Order

Date Ordered : _____

Date of Trip : _____

Departing from : _____

School Buses
have a capacity
of 48 Passengers

Departing time : _____

Going to : _____

Passenger Count

Departing for Home: _____

Teacher & Grade _____

No. of Buses Ordered:

Point of Contact # _____
(this is for day of, perferably a cellphone)

Rain Date (if any) : _____

Notes (cargo, lunches ... etc.) :

<input type="checkbox"/>	Confirmed info
<input type="checkbox"/>	online calendar
<input type="checkbox"/>	desk calendar

Teacher Signature

School Office Signature