

**YOAKUM INDEPENDENT SCHOOL DISTRICT  
VEHICLE/VAN REQUEST**

\*This form is to request a vehicle with a maximum of seven individuals to attend a school related event.

Date \_\_\_\_\_

Name of Teacher \_\_\_\_\_ Class or Group \_\_\_\_\_

Destination \_\_\_\_\_

Date of Trip \_\_\_\_\_ Departure time from Yoakum \_\_\_\_\_

Return Date of Trip \_\_\_\_\_ Arrival time in Yoakum \_\_\_\_\_

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

Do students have parental permission? \_\_\_\_\_

Who will accompany students? \_\_\_\_\_

Purpose of Trip? \_\_\_\_\_

**SUBMIT TO PRINCIPAL OR SUPERVISOR 14 DAYS PRIOR TO TRIP**

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Signature of Principal/Supervisor

-----  
TRANSPORTATION USE ONLY

Approved by: \_\_\_\_\_

Notes: