



OUT-OF-COUNTY CAR REQUEST (Student Transport)

Completed form **MUST** be submitted to Student Support Services (SSS) at least seven (7) days prior to trip. (Requires Superintendent's Signature)

TO: _____ (Direct Supervisor or Principal)

FROM: _____ (Name and School)

DATE: _____ **DATE(S) FOR TRIP:** _____

STUDENT NAME(S): _____

DESTINATION: _____

PURPOSE: _____

JUSTIFICATION: _____

_____ **Approved** _____ **Not Approved**

(Principal Signature)

(SSS Signature)

(Superintendent/Designee Signature)