

## **OUT-OF-COUNTY CAR REQUEST**

Completed form MUST be submitted to Student Support Services (SSS).

то:		(Direct Supervisor or Principal)
FROM:		(Name and School/Department)
DATE:	DATE(S) FOR TRIP:	
STUDENT NAME(S):		
DESTINATION:		
PURPOSE:		
Will a system vehicle be nee	eded? Yes No	*If yes, send copy to the Maintenance Dept.
Additional Comments:		
Approved	Not Approved	
		(Supervisor/Principal Signature)
		(SSS Signature)