CENTRAL UNION HIGH SCHOOL

TRANSPORTATION REQUEST

VANS

Please submit request for vans/cars at least three (3) days in advance.

Date:	Requested by:
Phone Number:	Cell Number:
Driver (s):	
Are drivers CUHSD employees? _ (If not, please submit a Volunteer I	Yes No Driver Form with Human Resources before trip takes place)
Number of Traveling Studen	ts and/or Adults
NUMBER OF VANS REQUESTED	<u>)</u> : Van(s):
Reason for trip:	
	
CHARGE TO:	CUHS Student Account PO# ;; club; project; etc.) (must have # if it's a club trip)
-	nission slip before attending field trip and a field trip re transportation is requested. If you have questions about na.
Teacher/Advisor Signature:	
APPROVED BY:	
Principal:	Date:
(FOR OFFICE USE)	
Comments/Instructions:	
REQUEST ID#	DATE ENTERED