

COMSTOCK PUBLIC SCHOOLS TRANSPORT VAN REQUEST FORM

Please submit request form to Justin Ansel - Justin.Ansel@ComstockPS.org
Van pick-up and return will be at Comstock High School - 2107 N. 26th Street

Purpose of Trip _____

Destination _____

Trip Departure: Date _____ Time _____ Trip Return: Date _____ Time _____

Driver Name _____ Driver Cell _____

Driver Email _____

- I have a valid driver's license
- I have medical authorization forms for all student passengers
- I have checked the van's Google calendar and my requested dates/times are open
- I understand that academic or athletic use may bump other use with less than 24-hour notice

List of all parties traveling in the van:

Driver _____

Passenger 6 _____

Passenger 2 _____

Passenger 7 _____

Passenger 3 _____

Passenger 8 _____

Passenger 4 _____

Passenger 9 _____

Passenger 5 _____

Passenger 10 _____

Driver signature _____ Date _____

Building administrator to fill out this area

Account # _____

- I have confirmed the driver meets the requirements as specified by CPS Transport Van Administrative Regulations
- By signing below I approve charge to listed account and proposed travel request

Building Administrator signature _____ Date _____

Van Administrator to fill out this area

Date Received: _____

I approve the request as of the date below with the understanding that academic or athletic use may bump other use with less than 24-hour notice.

Van Administrator signature _____ Date _____