

# East Valley Institute of Technology

## Field Trip - Leave - Vehicle Request

Requestor \_\_\_\_\_ Program \_\_\_\_\_ Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

### Leave Request

Leave Date	Time		Hours Taken	Type	Reason for Leave	Substitute Name
	Depart	Return				
/ /						
/ /						
/ /						
/ /						

Description of Activity:

Overnight and trips further than 75 miles from EVIT require school board approval.

### Field Trip Request

Date of Trip / / to / /		Destination:	
<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day		Address:	
Depart time:	Contact info	Name:	Phone:
Return time:	Cost/student \$ ____.	Cost/adult \$ ____.	
How will expenses be covered:			
How many trips taken this semester? _____		Will you need a bus driver? <input type="checkbox"/> yes <input type="checkbox"/> no	
Number of students traveling _____ AM _____ PM _____ All Day			
Chaperone:	Name _____	Title _____	Driving? <input type="checkbox"/> yes <input type="checkbox"/> no
Chaperone:	Name _____	Title _____	Driving? <input type="checkbox"/> yes <input type="checkbox"/> no
Describe how this trip will benefit students:			
Permission Slips on file by: _____			

### Vehicle Request

Type vehicle(s): <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Flat bed <input type="checkbox"/> Cargo van <input type="checkbox"/> Pickup Van- <input type="checkbox"/> 7 pass. <input type="checkbox"/> 11 pass.			
Gas Card? <input type="checkbox"/> yes <input type="checkbox"/> no		Time vehicle needed:	
		Return time:	
<i>Signature below certifies a current driver's license with no violations prohibiting driving</i>			
	Driver name	Driver Signature	License #
1.			
2.			
3.			

### Signatures

_____ / / Requestor	_____ / / Department Chair
_____ / / Campus Director	_____ / / Superintendent
_____ / / School Board	