RSU5 VAN USE REQUEST

Vans are scheduled on a first-come, first-served basis. Check with RSU5 Community Programs to be sure vans are available.

Today’s date _______________ Date(s) of Trip ________________________________
Destination ________________________________________________________________
(any overnight or out-of-state travel requires Superintendent approval)
Purpose of Trip _____________________________________________________________
Time of Departure _______________ Time of Return _____________________________
Number of Passengers _____________ Number of Vans (1 or 2) _________________
(each van carries 7 passengers plus driver)

Van Driver(s):
Name ___________________________ Phone ________________________________
Name ___________________________ Phone ________________________________
Request authorized by ______________________ Phone ________________________

I certify that all van drivers are at least 21 years of age and are employees of RSU5 or district approved volunteers.

I certify that all drivers have been made aware of the district’s Van Driver Information Administrative Procedure, EEBA-R.

Supervisor signature ________________________________

Superintendent ________________________________

(signature required for out-of-state and/or overnight travel)

Complete and return to:
RSU5 Community Programs * 17 West Street * Freeport, Maine 04032
Phone: 865-6171 fax: 865-2855

For Office Use Only

Approved ________
Denied ________ Reason _______________________________________________________
Authorized by ___________________________ Date ________________________________

Administrative Procedure Approved: 3/24/17