



OXFORD PUBLIC SCHOOLS

REQUEST TO USE DISTRICT VEHICLES

Please complete the top section of this form and submit it to either the High School or COFFEE Building Administrator, OR in their absence, to the Director of Finance and Operations. Vehicle keys will not be issued until this form is properly completed and submitted with a copy of the operator's valid Driver's License. Thank you!

Today's Date: _____ Date of Requested Use: _____

Destination: _____

Address: _____

Reason for Use: Field Trip Athletics Student Activity NJROTC Other: _____

Expected **Departure** Date and Time: _____ @ _____ AM PM

Expected **Return** Date and Time: _____ @ _____ AM PM

Number of Students Attending: _____ Number of Non-students Attending: _____

Operator's Name: _____

(Employee operating the vehicle; if multiple, please use an additional form for each operator.)

Operator's Position: _____

Driver's License #: _____ Driver's License Exp. Date: _____

*I have read and understand the **Use of School District Vehicles** and understand that I am directly responsible for the care and operation of the vehicle while in my possession including, but not limited to, interior and exterior body damage, passenger behavior, fuel, and reporting mechanical issues and/or accidents. I affirm that I possess a valid Driver's License and have provided a valid copy to the Oxford Public Schools. I will only permit the maximum allowed number of passengers in the vehicle, and I will require the use of seat belts by all passengers.*

Signature of Vehicle Operator

~ FOR ADMINISTRATOR USE ONLY ~

Request Approved: Request Denied: Driver's License Received:

Administrator's Signature: _____ Date: _____

Assigned Van #: _____ Mileage: Starting: _____ Ending: _____ Keys In:

Special Notes: _____