

## Appendix “K”

**DEERFIELD COMMUNITY SCHOOLS  
300 SIMONSON BOULEVARD  
DEERFIELD, WI 53531**

### **VAN USAGE APPLICATION FORM**

**FOR: SCHOOL-RELATED MOTOR VEHICLE TRIPS TRANSPORTING STUDENTS**

<b>NAME OF AUTOMOTIVE DRIVER</b>	<b>DRIVER’S LICENSE</b>
<b>PASSENGERS/CAPACITY</b>	<b># OF PASSENGERS TRANSPORTED</b>

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**Destination/Purpose of School-Related Trip**

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<b>Departure Date</b>	<b>Hour of Departure</b>	<b>Return Date</b>	<b>Return Hour</b>
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**Approved: Yes \_\_\_\_\_ NO \_\_\_\_\_**

\_\_\_\_\_  
**Signature of person who will be driving  
the vehicle.**

\_\_\_\_\_  
**Signature/High School Principal  
Authorizing Trip/Travel Permission**

\_\_\_\_\_  
**Dated**

\_\_\_\_\_  
**Dated**