

# Daniel Boone High School Van Request

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Organization Name: \_\_\_\_\_

Person Requesting Van: \_\_\_\_\_

Date(s) Van(s) Required: \_\_\_\_\_

Date(s) Van(s) Required: \_\_\_\_\_

Date(s) Van(s) Required: \_\_\_\_\_

Destination: \_\_\_\_\_

Number of students to be transported: \_\_\_\_\_ (NO MORE THAN 7 STUDENTS PER VAN)

Date request submitted: \_\_\_\_\_

Request should be submitted to [gardnerm@wcde.org](mailto:gardnerm@wcde.org)

You will receive a confirmation of receipt email and approval/disapproval within 3 working days.

DO NOT WRITE BELOW THIS LINE.

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Date Request Received: \_\_\_\_\_

Van Available: \_\_\_\_\_

Request Status: \_\_\_\_\_

Approval/disapproval email, date sent: \_\_\_\_\_

Van Number Issued: \_\_\_\_\_

Returned      Paperwork      Keys      Fuel      Clean

Comments: