

NORTHWESTERN SCHOOL CORPORATION
Request for Use of Private Auto to School Function

STUDENT (OR GROUP)
NAME _____

Date of event: _____ Time of event: _____

What is the event? _____

Name of the organization: _____

Name of the adult sponsor: _____

Destination and approximate miles traveled _____

Reason for special request: _____

PARENT'S SIGNATURE: _____ *ON FILE:* _____

SPONSOR'S SIGNATURE: _____ *DATE:* _____

Principal's Comments: _____

Principal's Recommendation/Approval: _____

PRINCIPAL'S SIGNATURE: _____ *DATE:* _____

Superintendent's Recommendation/Approval _____

SUPERINTENDENT'S
SIGNATURE: _____ *DATE:* _____