



Clare Public Schools Transportation Department

316 E. Wheaton

Clare, MI 48617

989.386.9569

www.clare.k12.mi.us

District Vehicle Permission Form

Name of Person Requesting District Vehicle: _____
(please print)

Requested Vehicle: _____
* Current options: Denali, Van

Do you require the trailer (circle one)? Yes No

Purpose of Travel: _____

Destination: _____

Date Leaving:		Scheduled Departure Time:	
Date Returning:		Scheduled Return Time:	

- All individuals requesting the use of a school vehicle must provide a copy of current Michigan driver's license and current proof of insurance.
- If you are not an employee of Clare Public Schools, you must fill out an **ICHAT** background check form prior to being approved for district vehicle use.

Requester's Signature: _____ Date: _____

Director of Operations Signature: _____ Date: _____

For Administration Use Only

Current License On File:	
Current Insurance On File:	
ICHAT Completed:	