

NOTHEASTERN WAYNE SCHOOL COPORATION

REQUEST FOR USE OF PRIVATE AUTO SCHOOL FUNCTION

Name of Student (or group): _____

Date of Event: Duration of season _____ Time of Event: Varies _____

What is the Event: _____

Name of the Organization: Northeastern _____

Name of Adult Sponsor: _____

Destination and approximate miles traveled: To sporting event for the season-varies _____

Reason for Special Request: STUDENT WILL RIDE WITH PARENTS/OTHER ADULT TO AND FROM EVENTS -
(PLEASE LIST SPECIFIC NAMES) _____

Parent's Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____

Principal's Comments: _____

Principal's Recommendation/Approval: _____

Principal's Signature: _____ Date: _____

Superintendent's Recommendation/Approval: _____

Superintendent's Signature: _____ Date: _____