

Hyde County Schools  
1430 Main Street  
PO Box 217  
Swan Quarter, NC 27885  
Phone: 252-926-3281 Fax: 252 926-3083

**Request for Use of School Vehicle**

Name of Driver: \_\_\_\_\_

Destination: \_\_\_\_\_  Car (1-4)  Van (3-8)

Activity, Event, or Meeting Attending \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Time: \_\_\_\_\_  
Key Pickup for departure time if not during office hours: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Return: \_\_\_\_\_ Time: \_\_\_\_\_  
Key Return: Place keys in box under street light at bus garage

Ferry Reservation:  
Departure Location: \_\_\_\_\_ Time: \_\_\_\_\_

Return Location: \_\_\_\_\_ Time: \_\_\_\_\_

Drivers License Number of the Person Driving: \_\_\_\_\_

Number of People in Vehicle: \_\_\_\_\_

\_\_\_\_\_  
Person Requesting Vehicle

\_\_\_\_\_  
Supervisor Signature

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**Transportation Department Use Only**

Date Requested Received: \_\_\_\_\_  Approved  
 Denied:  No Car  No Van  
 Not Job Related

Departure Location: \_\_\_\_\_ Time: \_\_\_\_\_ Ferry Confirmation #: \_\_\_\_\_  
Return Location: \_\_\_\_\_ Time: \_\_\_\_\_ Ferry Confirmation #: \_\_\_\_\_

\_\_\_\_\_  
Transportation Director