

# Transportation

(Request for Student Van or School Bus)

REQUESTER	
<b>Name of Driver or Applicant:</b>	<b>Date:</b>
<b>Department:</b>	
<b>Parental authorization form (SAPW/OT2000) must be completed for all participating students.</b>	

VEHICLE REQUEST – USE – RETURN INSTRUCTIONS
<ol style="list-style-type: none"> <li>Fill out form and submit to your Principal in order that Director of District Facilities receives 5 days prior to event.</li> <li>For trips during normal school hours, the keys for school van(s) would be picked up and returned to the High School Office. The van(s) would be picked up and returned to the front of the High School. Specific arrangements must be made with the Director of Facilities if the van is needed before or after school hours. Superintendent's approval is required for using the vehicle over night.</li> <li>During vehicle use, the driver should monitor vehicle information such as any fuel, oil pressure, and alternator gauge and any service messages displayed by the vehicles computer.</li> <li>Vehicle performance information is required (<b>SIDE TWO</b> of this form) to be filled out completely after vehicle is returned.</li> <li>Vehicle should be emptied of all personal items including trash and completed form turned in when keys are returned.</li> </ol>

VEHICLE REQUESTED	SIGNATURE
<input type="checkbox"/> Student Van (8 maximum capacity, driver plus 7) <input type="checkbox"/> Student Van (10 maximum capacity driver plus 9) <input type="checkbox"/> Bus-Regular (Contracted) <input type="checkbox"/> Mini-Bus (Contracted)	<b>PASD Van Driver's Signature:</b> Signature indicates the understanding of the above notes:

TRIP INFORMATION		
<b>Description of Activity:</b>		
<b>Departure Location:</b>	<b>Departure Date:</b>	<b>Departure Time:</b>
<b>Destination:</b>		
<b>Number of Occupants (driver plus passengers):</b>	<b>Return Date:</b>	<b>Return Time:</b>

REIMBURSEMENT	
<input type="checkbox"/> Athletic: _____	<input type="checkbox"/> Education
<input type="checkbox"/> Activity: _____	<input type="checkbox"/> Other: _____

APPROVAL	
<b>Principal:</b>	<b>Date:</b>
<b>Director of District Facilities:</b>	<b>Date:</b>
<b>Superintendent:</b>	<b>Date:</b>

# VEHICLE PERFORMANCE

Vehicle Odometer at START of trip: \_\_\_\_\_.

Fuel gauge/level at START of trip (1/4, 1/2, 3/4, Full): \_\_\_\_\_.

Vehicle Odometer at END of trip: \_\_\_\_\_.

Fuel gauge/level at END of trip (1/4, 1/2, 3/4, Full): \_\_\_\_\_.

Any concerns noted with the following?	YES	NO
Mechanical; oil pressure or engine temperature indicators or gauges...		
Electrical or electronic; including battery or computer "service" messages...		
Steering or handling...		
Brakes or stopping vehicle...		
Tire tread or psi (tire inflation)...		
Lamps; Headlights, parking, hazard, turn signal, or brake lights...		
Unusual noise or vibration...		
Wipers or washer fluid...		
Damage to glass, body or paint...		
Interior; lights, upholstery, carpet, seatbelts, etc...		
Heating or air-conditioning...		
Is there anything else that would be helpful to report?		

If you answered YES to any of the above questions, please explain:

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\_\_\_\_\_  
 Signature of Driver (You are required to complete and return promptly to the Director of District Facilities.)