

Agua Dulce Independent School District Vehicle Transportation Form

NOTE: This request must be submitted at least 3 day prior to the trip. It will be approved and the original will be returned to your campus secretary. When trip concludes the sponsor and the bus driver will be responsible for completing information on the bottom of this form and returning it to Alma Lopez within 48 hours of the trip.

Date: Da	te(s) Vehicle Ne	eeded:	Destination of Trip		
Purpose of Trip: Athl	letics – Girls or l	Boys Varsi	ity JV JH	Sport	
Co-Curri	icular - Elemen	tary High	School Organ	nization:	
Estimated Miles of travel _	MANAGE A CONTRACTOR OF THE STATE OF THE STAT	Driver who	is scheduled		
Approximate number of stud	dents making th	is trip	Time leaving	Returning	g time
Name(s) of out-of-school sp	oonsors		,		
Is this activity on school cal	endar? Yes () N	lo() Is th	is a school spons	ored activity? Yes	() No()
Type of district vehicle Req	uesting: Bus#_	Car	Van A	activity Vehicle	Other
Sponsor Signature	Date		Principal Sig	gnature	Date
Superintendent Signature	Date	Approved: Yes	Receive	d by Alma Lopez	Date
TRANSPORT Bus Number or vehicle used	ATION REVI	EW, INSPE	CTION & MILE	EAGE REPORT F	ORM
Beginning Mileage:	Ending	g Mileage:		Total Mileage	
Go through this checklist before	e & after each trip. Circle On	. Please ensure <u>e</u>		clean & ready for the Pre-Trip Inspection good or bad	Post-Trip
 Cleanliness of Bus Condition of Seat Covers Condition of Windows Windows Open Complete the following section f Windows closed Emergency doors locked All doors locked Keys are removed & retu 	Good Fair Good Fair Good Fair For all vehicles par YES YES YES	or NO or NO or NO	Service Brakes Parking Brake Steering Lighting device Tires Pressure Horn Wipers Fire Extinguish Rear Mirrors Wheels First Aid Kit	good or bad good or bad es good or bad good or bad good or bad good or bad er good or bad good or bad good or bad good or bad	good or bad
Driver's Signature:	Date	Spon	sor's Signature:	good or bad Da	good or bad