



"LONGHORN PRIDE"

# 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: \_\_\_\_\_ Date(s) Vehicle Needed: \_\_\_\_\_ Destination of Trip \_\_\_\_\_

Purpose of Trip:	<i>Athletics</i> – Girls or Boys	Varsity	JV	JH	Sport _____
	<i>Co-Curricular</i> - Elementary	High School	Organization:	_____	

Estimated Miles of travel \_\_\_\_\_ Driver who is scheduled \_\_\_\_\_

Approximate number of students making this trip \_\_\_\_\_ Time leaving \_\_\_\_\_ Returning time \_\_\_\_\_

Name(s) of out-of-school sponsors \_\_\_\_\_

Is this activity on school calendar? Yes ( ) No ( ) Is this a school sponsored activity? Yes ( ) No ( )

Type of district vehicle Requesting: Bus # \_\_\_\_ Car \_\_\_\_ Van \_\_\_\_ Activity Vehicle \_\_\_\_ Other \_\_\_\_

_____ Sponsor Signature	_____ Date	_____ Principal Signature	_____ Date
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_____ Superintendent Signature	_____ Date	Trip Approved: Yes ( ) No ( ) _____	_____ Received by Alma Lopez	_____ Date
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## TRANSPORTATION REVIEW, INSPECTION & MILEAGE REPORT FORM

Bus Number or vehicle used on trip: \_\_\_\_\_

Beginning Mileage: \_\_\_\_\_ Ending Mileage: \_\_\_\_\_ Total Mileage \_\_\_\_\_

**Go through this checklist before & after each trip. Please ensure that the vehicle is clean & ready for the next group to utilize.**

Circle One

- |                             |      |      |      |
|-----------------------------|------|------|------|
| 1. Cleanliness of Bus       | Good | Fair | Poor |
| 2. Condition of Seat Covers | Good | Fair | Poor |
| 3. Condition of Windows     | Good | Fair | Poor |
| 4. Windows Open             | Good | Fair | Poor |

**Complete the following section for all vehicles parked outside:**

- |  |     |    |    |
|--|-----|----|----|
| 1. Windows closed                        | YES | or | NO |
| 2. Emergency doors locked                | YES | or | NO |
| 3. All doors locked                      | YES | or | NO |
| 4. Keys are removed & returned to office | YES | or | NO |

	<u>Pre-Trip</u>	<u>Post-Trip</u>
	<u>Inspection</u>	<u>Inspection</u>
Service Brakes	good or bad	good or bad
Parking Brake	good or bad	good or bad
Steering	good or bad	good or bad
Lighting devices	good or bad	good or bad
Tires Pressure	good or bad	good or bad
Horn	good or bad	good or bad
Wipers	good or bad	good or bad
Fire Extinguisher	good or bad	good or bad
Rear Mirrors	good or bad	good or bad
Wheels	good or bad	good or bad
First Aid Kit	good or bad	good or bad

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_ Sponsor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Created: 8/15/09