

LONE PINE UNIFIED SCHOOL DISTRICT

VEHICLE REQUEST FORM

MUST BE SUBMITTED TO THE SCHOOL OFFICE TWO WEEKS PRIOR TO THE DATE OF THE TRIP.

TYPE OF VEHICLE: ___ BUS ___ VAN ___ CAR DATE OF REQUEST: _____

This request is submitted for a school trip to: _____

For the purpose of: _____

Departure time from Lone Pine: _____ a.m. or p.m. Date: _____

Estimated arrival time back in Lone Pine: _____ a.m. or p.m. Date: _____

Number of persons making trip: ___ students; ___ teachers; ___ classified; ___ others/volunteers*.

Name of person responsible for group (or driver of vehicle if other than bus): _____

*Note: It is the responsibility of the trip advisor to submit an accurate trip roster to the school office prior to departure and to provide a duplicate for the driver of the bus. Employees must complete the District's Van Driver Training prior to transporting students in a school van. All volunteers must be approved by the District prior to traveling in a bus or district vehicle.

Applicant's Printed Name

Signature of Applicant

Approved: _____
Signature of School Principal

Signature of Superintendent

Date

Date

TO BE COMPLETED BY DRIVER OF BUS OR VEHICLE: Please list any problems or comments that may have occurred with the bus, group, or vehicle (use back of sheet if necessary).

BUS/VEH # _____

DATE _____

END MILEAGE _____

TRIP TIME ON DUTY _____

START MILEAGE _____

TRIP TIME OFF DUTY _____

TOTAL MILEAGE _____

DRIVER _____

BUS DRIVER INFORMATION:

Non-Trip (Normal Duty):

Actual Start Time on Duty _____ am/pm

Total Hours on Trip _____

Actual End Time on Duty _____ am/pm

Total Driving Time _____

Total Non-Trip Hours Worked _____

Total Overtime _____

Layover Time _____