

Tishomingo County School District

Application for Use of School Vehicle

Purpose: _____

Vehicle Requested: _____ Vehicle #: _____

Group using Vehicle: _____ Sponsor/Driver: _____

Destination, From: _____ To: _____

Number of Students: _____ Number of Adults: _____

Employee: _____ Date of Request: _____

Principal: _____ Date of Approval: _____

Vehicle Trip Ticket

Departure, Date: _____ Time: ____/____/____ Speedometer when received: _____
AM PM

Return, Date: _____ Time: ____/____/____ Speedometer when received: _____
AM PM

Check List:

Check Off	Tires	Mirrors	Headlights	Parking Lights	Directional Lights - Left	Directional Lights - Right	Cluster Lamps	Brake Lights	All Glass	Water Level	Wiper - Left	Wiper - Right	Engine Oil	Brakes - Foot	Brakes - Emergency	Gas Gauge	Oil Pressure	Temperature	Alternator	Air Pressure	Rear Seat	Arm Rests	Seats and Backs	Driver's Seat	Cleaness of Bus
Pre-Inspection																									
Driver																									
Post Inspection																									

Driver Pre-inspection Comments: _____

Driver Post-inspection Comments: _____

Driver Signature: _____

Date: _____