

White Pine County School District

TRANSPORTATION REQUEST FOR BUS(ES) _____ CAR(S) _____ SUV(S) _____

Granted:

Vehicle #:

CC #:

Emailed:

Date:

Request must be submitted with itinerary at least one week prior to departure date.

Reasons for transportation: _____

Destination

TO: _____ FROM: _____

Date vehicle needed: _____
Date Time ☐ AM ☐ PM

Date vehicle to be returned: _____
Date Time ☐ AM ☐ PM

Name of Adult(s)

_____	_____
_____	_____
_____	_____
_____	_____

Number of _____ Student(s) to be transported **(Itinerary is mandatory if students are involved)**

Person requesting vehicle: _____ Approved by supervisor _____
Signature

Vehicle must be returned to the Central Office/Bus Garage immediately upon completion of the trip.

PASSENGER VEHICLE (Drivers of District Vehicles much complete)

Starting Mileage _____ Ending Mileage _____

Check (✓) Appropriate Boxes

	Pass	Fail	N/A		Pass	Fail	N/A		Pass	Fail	N/A
Windshield	☐	☐	☐	Headlights	☐	☐	☐	Rearview Mirrors	☐	☐	☐
Side Glass	☐	☐	☐	Taillights	☐	☐	☐	Steering	☐	☐	☐
Rear Glass	☐	☐	☐	Turn Signals	☐	☐	☐	Windshield Wipers	☐	☐	☐
Horn	☐	☐	☐	Parking Light	☐	☐	☐	Emergency Break	☐	☐	☐
Muffler	☐	☐	☐	Break Light	☐	☐	☐	Safety Belts	☐	☐	☐
Air Bag Ligh	☐	☐	☐	Breaks	☐	☐	☐	Shoulder Harness	☐	☐	☐
Fenders	☐	☐	☐	Tires	☐	☐	☐				

Signature: _____