**East Tallahatchie School District**

**411 East Chestnut Street**
**Charleston, MS 38921**
**662-647-5524 phone • 662-647-3720 fax**

## Transportation Assignment (to be completed by Transportation)

- **Bus/Vehicle #1: ____ Capacity: ____**
- **Bus/Vehicle #2: ____ Capacity: ____**
- **Assigned Driver(s): _____ / _____**
- **Driver Contact: _____**
- **Pickup Location(s):_____**
- **Notes/Constraints (duty hours, fueling, layovers, roads):**

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Transportation Department Signature: _____

Transportation Secretary: _____

## Safety & Supervision Plan (Requester + Admin)

- **Chaperone Names & Roles (include ratios):**
- **Student Behavior Expectations reviewed with students?** ☐ Yes ☐ No
- **Emergency Contact Chain during trip:** Primary _____Backup _____

- **Communication:** ☐ Coach/Lead has phone & charger ☐ School notified on departure/return

- **Load/Unload plan at site:**

- **Headcounts:** ☐ Before departure ☐ Upon arrival ☐ Before return ☐ After return

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## Pre-Trip Driver Checklist (Driver completes before departure)

- **Date/Time Pre-Trip:** ____

- **Odometer:** Out _____

- **Inspection:** ☐ Lights ☐ Brakes ☐ Tires ☐ Mirrors ☐ Wipers ☐ Horn ☐ Lift/securements ☐ First aid kit ☐ Fire extinguisher ☐ Triangles ☐ Seatbelts ☐ Cleanliness ☐ Fuel (≥ ½ tank)
- **Defects noted:**

- **Corrective action/cleared by:** _____

- **Driver Signature:** _____

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## Day-Of Trip Log (Driver)

- **Depart School:** Time _____Headcount ___
- **Arrive Destination:** Time _____ Headcount ___

- **Depart Destination:** Time _____ Headcount ____

- **Arrive School:** Time _____ Headcount ____
- **Additional Stops (where/time):**

- **Inclement weather or hazards:** _____

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## Incident / Emergency Report (if applicable)

- **Type:** ☐ Injury/Illness ☐ Behavior ☐ Vehicle issue ☐ Crash/near-miss ☐ Other:
- **Description (facts only; attach statements as needed):**
- **First aid rendered / EMS called?** ☐ Yes ☐ No **By whom:** ____
- **Parent/Guardian notified:** Time ____ By _____
- **Admin notified:** Time ____ By _____
- **Law enforcement report # (if any):** ____

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## Post-Trip Section (Driver & Requester)

- **Odometer:** In _____ **Total Miles:** _____
- **Actual Driver Hours:** _____ **Layover/Standby Hours:** _____
- **Fuel added:** _____ gal **Fuel location/receipt attached:** ☐ Yes ☐ N/A
- **Bus condition on return:** ☐ Clean ☐ Trash removed ☐ No damage ☐ Damage noted (describe):
- **Lost & Found items:**

**Signatures**
- **Driver:** Name _____ Signature _____ Date _____
- **Lead Chaperone/Coach/Teacher:** Name _____ Signature ____ Date _____
- **Transportation Review (billing/records):** Name _____ Date _____

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## Attachments Checklist

- Student roster with emergency contacts
- Permission forms (if required)
- Medical plans/medications documentation
- Itinerary/event schedule
- Map/directions or GPS link

- Vendor invoice/receipts (tolls/parking/fuel)

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## 0Key Reminders & Policies

- All passengers must follow ETSD bus safety rules and driver directions at all times.
- Seatbelts (if equipped) are required. Aisles and exits must remain clear.
- Food/drink allowed only with driver approval; requester is responsible for cleanup.
- Students with IEP/504 transportation accommodations must have needed support in place.
- No unauthorized riders. All chaperones must be district-approved.
- Driver duty-hour limits and student release procedures must be observed.
- Coach/Lead verifies headcount at each transition and confirms arrival back to school with office/AD.
- Weather/road conditions may require delay, reroute, or cancellation per Transportation Director.

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**For Transportation Office Use Only**
- **Trip ID: ____ Entered by: _____ Date: _____**

- **Billed to Cost Center: ____ Rate(s): ____ Invoice #/Date: _____**

File: Transportation • Retention: Current year + 3 years (or per district policy).