

Beresford School District #61-2 Vehicle Request

Submit request to the Superintendent's Office at least one (1) week prior to date needed!

One request per vehicle needed!!

Date: _____

Date Vehicle is Needed: _____ Time Vehicle is Needed: _____ AM PM

Date Vehicle will be Returned: _____ Time Vehicle will be Returned: _____ AM PM

Pick-Up Point: _____

Event: _____ Destination: _____

Number Transported: (including adults) _____ Equipment? (luggage, sports bags, etc.) _____

Coach/Advisor/Staff: _____

Requester's Signature _____

Principal or AD's Signature _____

Superintendent's Signature _____

Office Use Only	
Vehicle	_____
Driver	_____

Safe & Courteous Driver Agreement

I promise to abide by the following safe and courteous driver rules listed below:

- * I will obey the speed limit laws, and will be courteous to other drivers.
- * I will wear my seat belt; and I will NOT TEXT OR EMAIL while I drive.
- * I will clean the vehicle of trash upon my return to the school district.
- * I will return the vehicle with a full tank of gas.
- * I will report any maintenance problems to the office upon my return.
- * I will immediately report any accident or vehicle damage to the office upon my return.

_____ Driver's Initials

Vehicle # _____
 Ending Mileage _____
 - Beginning Mileage _____
 = Total Miles _____

Time Left Beresford _____
 Time Arrived Destination _____

Time Left Destination _____
 Time Arrived Beresford _____

Was student conduct satisfactory? Yes No
 Was vehicle left clean? Yes No
 Was there any damage to vehicle? Yes No

Driver's Signature _____

Bus Equipment Check ---	
<input type="checkbox"/>	Look for any leaks
<input type="checkbox"/>	Fluid levels - oil, coolant, brake, transmission, etc.
<input type="checkbox"/>	Steering mechanism & fluid level
<input type="checkbox"/>	Belts, hoses, wiring (loose or damaged?)
<input type="checkbox"/>	Alternator
<input type="checkbox"/>	Water pump
<input type="checkbox"/>	Fuel
<input type="checkbox"/>	Wheels & tires - pressure, tread, lugs, axle seals
<input type="checkbox"/>	Brakes
<input type="checkbox"/>	Horn
<input type="checkbox"/>	8-way system - amber, red, stop arm
<input type="checkbox"/>	Directional signals
<input type="checkbox"/>	Lights, reflectors
<input type="checkbox"/>	Windows, mirrors
<input type="checkbox"/>	Emergency doors
<input type="checkbox"/>	Fire extinguishers
<input type="checkbox"/>	First aid kit
<input type="checkbox"/>	Flares or reflectors
<input type="checkbox"/>	Seats
<input type="checkbox"/>	Seat belt(s)
<input type="checkbox"/>	Control panel - heaters, defrosters, dome lights
<input type="checkbox"/>	Wipers & wiper fluid
<input type="checkbox"/>	Instrument panel & gauges
<input type="checkbox"/>	Inspection Complete (driver to initial)
Missed regular route? _____ AM _____ PM	