USD 223 BARNES-HANOVER-LINN  
Vehicle Use Request

**IMPORTANT:** This form MUST be received in the Transportation Office a minimum of two (2) weeks prior to the scheduled trip date. If this is not adhered to, we cannot ensure that transportation can be scheduled or available. All requests must be in writing. All information requested on this form must be provided. For further information or clarification, please contact the Transportation Department at 763-4231. (Version 3 – Oct 15)  
**USE OF SEATBELTS IS MANDATORY IN ALL SCHOOL VEHICLES**

Date Accomplishing This Form:

School or Function:  Hanover :  Linn :  District Office *(Check The Appropriate Box)*

Vehicle Requested By:   
*(Teacher/Sponsor/ Group Leader)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vehicle Will Depart: | *(Date)* | *(Time)* | *(AM/PM)* | | |
| Vehicle Will Return: | *(Date)* | *(Time)* | *(AM/PM)* | | |
| Transporting: | *(Grade/Group)* | | Amount of Passengers: | |  |
|  | | | *(Students)* | *(Adults)* | |
| Trip Destination: | | | ***List All Passengers On Reverse of Form*** | | |

Purpose of Activity/Trip:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Principal** | | **Superintendent** | | **Transportation Director** | |
| Approved |  | Approved |  | Approved |  |
| Disapproved |  | Disapproved |  | Disapproved |  |
| Initials | \_\_\_\_\_\_\_\_\_\_\_ | Initials | \_\_\_\_\_\_\_\_\_\_\_ | Initials | \_\_\_\_\_\_\_\_\_\_\_ |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assignment by Director of Transportation**

|  |  |
| --- | --- |
| Vehicle Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Vehicle Driver 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***(If More Than 2 Vehicles Are Required, An Additional Request Must Be Made.)*** | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **To Be Completed By Driver of Assigned Vehicle And Returned To The District Office** *(IF TRANSPORTING STUDENTS – VEHICLE INSPECTION CHECKLIST IS* ***MANDATORY!****)* | | | |
| **Vehicle Inspection Checklist (Required For Vans/Cars)** | | | **Vehicle Usage Information / Continuity** |
| **YES** | **NO** |  | **Vehicle Status (*Found):*** |
| \_\_\_\_\_ | \_\_\_\_\_ | No Visible Fluids Leaking | Excellent | Good | Fair | Poor |
| \_\_\_\_\_ | \_\_\_\_\_ | Vehicle Tires In Good Condition | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| \_\_\_\_\_ | \_\_\_\_\_ | Windshield/Side Windows Intact | **Vehicle Trip Mileage Reporting:** |
| \_\_\_\_\_ | \_\_\_\_\_ | Lights (Tail/Head/Turn/Warning Operable) | End Miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_ | \_\_\_\_\_ | Windshield Wipers/Washer Operable | Start Miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_ | \_\_\_\_\_ | Horn Operable | Total Miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_ | \_\_\_\_\_ | Defects Reported | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Comments** *(Please Specify Vehicle Issues or Other Issues):* | | | **Vehicle Status (*Returned):*** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Excellent | Good | Fair | Poor |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Building Administrator Initials: \_\_\_\_\_\_\_\_\_\_\_ |

Admin Use: Are Driver(s) Assigned To This Request Have A Current License on File? \_\_\_\_\_\_\_\_ Yes : \_\_\_\_\_\_\_\_ No

**Student Passenger Manifest**

|  |  |  |  |
| --- | --- | --- | --- |
| Trip Depart : | *(Date)* | *(Time)* | *(AM/PM)* |
| Trip Return : | *(Date)* | *(Time)* | *(AM/PM)* |

Trip Sponsor:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student List** | | | | |
|  | **Name (First/Last)** | **Depart With Group** (Place Check Mark In Box) | **Return With Group** (Place Check Mark In Box) | **Signed Out To Parent** (Parent Signature Required) |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14** |  |  |  |  |
| **15** |  |  |  |  |
| **16** |  |  |  |  |
| **17** |  |  |  |  |
| **18** |  |  |  |  |
| **19** |  |  |  |  |
| **20** |  |  |  |  |
| (Print Additional Page 2 Copies Out If More Lines Are Required) | | | | |

**For Student Sports Passenger Manifests:**Sports Participation Passenger Manifest Lists Are To Be Developed Via Power School. A Single Manifest Will Be Created With All Assigned Players on This Document. The Activity Dates and Locations Will Be The Only Thing To Change On These Documents.  
(Call Mark for Assistance)

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