

# Beresford School District #61-2 Vehicle Request

*Submit request to the Superintendent's Office at least one (1) week prior to date 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? \_\_\_\_\_

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	