

# TRANSPORTATION REQUEST

South Whidbey School District #206  
 PO Box 346, Langley, WA 98260  
 (360) 221-5209 - FAX (360) 221-8464

Date of Trip \_\_\_\_\_ School \_\_\_\_\_

Destination \_\_\_\_\_ Purpose of Trip \_\_\_\_\_

BUS ARRIVE TIME AT SCHOOL: \_\_\_\_\_ FERRY \_\_\_\_\_  
GIVE ADEQUATE LOAD TIME FOR PASSENGERS AND EQUIPMENT!

RETURN TIME - SCHOOL: \_\_\_\_\_ RETURN FERRY \_\_\_\_\_

APPROXIMATE STANDBY TIME: \_\_\_\_\_ # OF PASSENGERS \_\_\_\_\_  
COMPLETE STANDBY TIME IF WEEKEND TRIP PS15 - 78 PAX MAX - MS15 - 52 PAX MAX - SUBTRACT 1 PAX FOR EACH ADULT LARGER BUSES AVAILABLE, BUT NOT GUARANTEED!

- EQUIPMENT STORAGE     LARGEST BUS AVAILABLE     MULTIPLE STOPS/DESTINATIONS     VAN TRIP 7 PAX OR LESS

**SPECIAL INSTRUCTIONS** \_\_\_\_\_

Person in Charge \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Approved by (Principal) \_\_\_\_\_ Arranged by \_\_\_\_\_ Date \_\_\_\_\_  
 Transportation \_\_\_\_\_ Date Received \_\_\_\_\_

*To be completed by Transportation Supervisor*

### TIME CARD

DRIVER ASSIGNED \_\_\_\_\_

DRIVER \_\_\_\_\_

BUS # \_\_\_\_\_ SIGN ON TIME \_\_\_\_\_  
A                      B                      C                      ASSIGNED

SIGN ON TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_  
 TOTAL DRIVE TIME \_\_\_\_\_ STANDBY TIME \_\_\_\_\_

**A                      BID                      B**

END MILES \_\_\_\_\_  CALLS MADE \_\_\_\_\_  
 START MILES \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_  
 TOTAL MILES \_\_\_\_\_

**COMMENTS**

*To be completed by Payroll Officer*

### CONDITION OF BUS

Account Code \_\_\_\_\_  
 Extra Trip Driving Time \_\_\_\_\_  
 Non-Driving Time \_\_\_\_\_  
 TOTAL TIME \_\_\_\_\_

Before Trip | After Trip

SOUTH WHIDBEY SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
(360) 221-5209

# VAN REQUEST

School/Program: \_\_\_\_\_ Date: \_\_\_\_\_

Pick-Up Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number of Passengers: \_\_\_\_\_ Estimated Miles: \_\_\_\_\_  
*(Include Driver, MUST NOT exceed 8 passengers per van)* *There will be a charge of \$0.60 per mile assessed on all van trips.*

Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_  
If *children* will be transported, Driver *MUST* hold District Type II authorization and possess current, valid First Aid Card

Your reservation was received by the Transportation Department. If you need to cancel, please give at least 24 hours notice. A reservation does not guarantee availability.

I understand and agree to the procedures for van use. If I am not the driver of the van, I agree to relate these terms to the driver so a complete pre-trip and post-trip inspection of the district vehicle can be performed.

Transportation	Date	Reserved By	Phone/Ext.
----------------	------	-------------	------------

*Do not write below this line*

- Check the van key board for your Van Assignment.
- Vans should be picked up the day they are to be used, not the night before - unless you are leaving early in the morning (before 7:00 A.M.) then keys may be picked up the day before (by 4:00 P.M.)
- You are **REQUIRED** to complete the "Van Check Sheet" (Pink Copy) in its' entirety. You **MUST** note your starting and ending mileage on this form along with checking off each individual checklist item. **NO EXCEPTIONS!**
- Inspecting the vehicle completely is in the interest of student, passenger and your safety. Failure to properly inspect District vehicles may prohibit this privilege being extended to you in the future.
- Any problems and/or defects with the van must be noted, in writing (on Pink form) to the Transportation Department. If there is a defect that causes the van to be put out of service, notify Transportation to be issued a replacement, if available. Out of service defects include any malfunction or defect in: lights or blinkers, windshield wipers, tires, fluids, mirrors, horn or missing/defective emergency equipment (fire extinguisher, reflectors, body fluid cleanup kit, first aid kit).
- You are responsible for returning the van with the interior in a neat and clean condition. Remove all trash and deposit in the trash dumpster. Check van for lost and found items under seats, compartments, trunk, etc.

SOUTH WHIDBEY SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
(360) 221-5209

# VAN REQUEST

School/Program: \_\_\_\_\_ Date: \_\_\_\_\_

Pick-Up Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number of Passengers: \_\_\_\_\_ Estimated Miles: \_\_\_\_\_  
*(Include Driver, MUST NOT exceed 8 passengers per van)* *There will be a charge of \$0.60 per mile assessed on all van trips.*

Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

*If children will be transported, Driver MUST hold District Type II authorization and possess current, valid First Aid Card*

Your reservation was received by the Transportation Department. If you need to cancel, please give at least 24 hours notice. A reservation does not guarantee availability.

I understand and agree to the procedures for van use. If I am not the driver of the van, I agree to relate these terms to the driver so a complete pre-trip and post-trip inspection of the district vehicle can be performed.

Transportation	Date	Reserved By	Phone/Ext.
----------------	------	-------------	------------

## VAN CHECK OUT SHEET

- ✓ You are **REQUIRED** to complete this "Van Check Out Sheet". You are also **REQUIRED** to note your starting and ending mileage on this form. Failure to complete this Check Out Sheet for each van used may result in discontinuation of van use privilege. Inspection of district vehicles is in the interest of student, passenger and your safety!
- ✓ Any problems and/or defects with the van must be noted, in writing (on this form) to the Transportation Department. If there is a defect which causes the van to be put out of service, notify Transportation to be issued a replacement, if available.
- ✓ You are responsible for returning the van with the interior in a neat and clean condition. Remove all trash and deposit in the trash dumpster. Check van for lost and found items under seats, compartments, trunk, etc.
- ✓ Return the key and check sheet to outside drop box or to box in Transportation Center
- ✓ Check your reservation times and make sure you return the van by your return time.

ITEMS TO BE CHECKED	OK	DEFECT	ITEMS TO BE CHECKED	OK	DEFECT
Fluid Leaks			Fire Extinguisher		
All Gauges			First Aid Kit		
Windshield and Wipers			Body Fluids Kit		
Lights and Turn Signals			Reflectors		
Horn			Backup Alarm		
Tires (tread and pressure)			General Condition		
Doors & Windows			(dents, cleanliness)		

### ITEMS IN NEED OF REPAIR

**I HAVE CHECKED FOR AND REMOVED ALL PERSONAL ITEMS AND TRASH BEFORE RETURNING THIS CHECK SHEET AND KEYS!**  YES

**ENDING MILEAGE** \_\_\_\_\_ **VAN #:** \_\_\_\_\_

**STARTING MILEAGE** - \_\_\_\_\_ **SCHOOL/GROUP:** \_\_\_\_\_

**TOTAL MILES** = \_\_\_\_\_ **DRIVER NAME:** \_\_\_\_\_

### APPROVAL FOR THE USE OF PRIVATE VEHICLE

School: \_\_\_\_\_

This authorizes \_\_\_\_\_ to voluntarily use his/her automobile for the transportation of pupils of this school for the purpose of:

\_\_\_\_\_ on:

Date of Activity	Max # of Students	Authorized School Official
*****		

*To be filled out by Volunteer Driver:*

Note: \*Attach photocopies of insurance I.D. card, driver's license and registration.

**NOTICE:** By signing below I certify that:

1. I have automobile liability insurance and understand that my insurance is primary before any other collectible insurance.
2. I am older than 21 years of age.
3. My vehicle is in safe operating condition, and is equipped with seat belts that will be used by each passenger. I drive in a safe manner and in accordance with State laws, and that I do not have any DWI convictions, moving vehicle violations or at-fault accidents.
4. I have a current Washington State Patrol background information check on file in the district.
5. I am aware that I am responsible for the supervision of students riding in my vehicle and will take reasonable care to protect them from foreseeable harm.
6. I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company, and my insurance is primary.

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vehicle Year/Make/Model: \_\_\_\_\_

Vehicle License No.: \_\_\_\_\_ State \_\_\_\_\_

Driver License No.: \_\_\_\_\_ Expires: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Agent: \_\_\_\_\_

Limits of Coverage: \_\_\_\_\_

Signature

Date

# Volunteer Driver Checklist for Private Vehicle

## Vehicle Inspection

Please respond to each item with a yes or no answer.

### YES/NO

- \_\_\_\_\_ There is a working seat belt for the driver and each passenger, and I understand that seat belts will be worn.
- \_\_\_\_\_ My vehicle's brakes, including the emergency brake, are in good working order.
- \_\_\_\_\_ My vehicle's tires have legal tread depth (at least 3/32").
- \_\_\_\_\_ My vehicle's brake lights, turn indicators, and headlights are in good working order.
- \_\_\_\_\_ My vehicle's windows are clear and provide an unobstructed view for the driver.
- \_\_\_\_\_ My vehicle has functioning rear view mirrors (center and left side).
- \_\_\_\_\_ My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.
- \_\_\_\_\_ My vehicle has a rated capacity of ten passengers or less.
- \_\_\_\_\_ If my vehicle has dual airbags, I will not seat children under 12 or small persons in the front passenger seat.

The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during field trips.

\_\_\_\_\_  
Signature of Volunteer Driver

\_\_\_\_\_  
Date

\*\*\*\*\*

## Administrative Review

- \_\_\_\_\_ If the volunteer will have unsupervised student contact, the district has obtained the information or order a Washington State Patrol background information check.
- \_\_\_\_\_ All students have parental permission to ride with the volunteer driver.

I have reviewed the above information and this driver and vehicle are approved for this trip.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date