

Dickinson Public Schools

Transportation Request Form & Driver's Report

FORMS MUST BE SUBMITTED AT LEAST ONE (1) WEEK PRIOR TO USE DATE

1. Request From: _____ Activity: _____
2. No. of Passengers: _____ Date Needed: _____ Time Needed: _____ AM PM
3. Overnight Trip: Yes No Date Returned: _____ Time Returned: _____ AM PM
4. Destination: _____ Departure Point: _____
5. Driver Needed: Yes No Driver's Name (if known): _____
6. Special Instructions: _____
7. Charge to Account Number: _____
8. Administrative Approval: _____

BUS CHARGES: Please contact the Central Office for current rates (701-456-0002)

DRIVERS REPORT:

DRIVER: _____
 BUS ASSIGNMENT: _____
 ENDING MILEAGE: _____
 BEGINNING MILEAGE: _____
 TOTAL MILES: _____

HOURS:

DATE/DEPART TIME: _____ AM/PM
 DATE/RETURN TIME: _____ AM/PM
 DRIVING TIME: _____
 WAITING TIME: _____
 VEHICLE CLEAN UP TIME: _____

NOTE: Drivers will clean bus after each trip. Drivers will never load more passengers than rated capacity.

**Buses will not be used if any deficiencies are noted that will jeopardize the safety of the driver or passengers.
 DRIVER WILL CHECK THE BUS PRIOR TO DEPARTING FOR THE FOLLOWING:**

- | | |
|--|--|
| <p>_____ 1. Tires, Brakes, and steering</p> <p>_____ 2. Fuel</p> <p>_____ 3. All Safety Equipment
(Reflectors, First Aid Kit, Fire Ext.)</p> | <p>_____ 4. All Glass including Mirrors</p> <p>_____ 5. All Lights & Gauges</p> <p>_____ 6. Emergency Exit
(Buzzer should sound when opened)</p> |
|--|--|

DEFICIENCIES NOTED:

DRIVER'S SIGNATURE: _____ **DATE:** _____

BUS CHARGES (Office Use Only):

Mileage \$ _____
 Driver \$ _____
 TOTAL CHARGES \$ _____

**(To Insure Prompt Payment for Driving:
 Sign, Date and Return to the
 Dispatch Office at the Bus Shop)**