

## Independent School District No. 1

TRANSPORTATION REQUEST – Vehicle Use

TODAYS DATE \_\_\_\_\_

Forward this request through your building principal then deliver to the office of the Director of Operations. Individuals requesting to attend professional or educational meetings must include a copy of the Superintendents approval with the transportation request. A copy of this request will be returned to you. **Request must be made at least two (2) weeks prior to the activity.**

Transportation will only be furnished within the framework outlined in Rules and Regulations. There is a limitation to the vehicles available and it will be up to the building principal to make other arrangements if all are committed. Any questions can be directed to the Director of Operations at 208-748-3053. All vehicles ***must be*** returned to the transportation yard with a full tank of fuel. ***A pre and post inspection of the vehicle is required. Any damage to the vehicle must be reported immediately to the Transportation Supervisor.*** Vehicles cannot be kept at home without approval from the Director of Operations.

### **NOTE: ONLY SCHOOL DISTRICT EMPLOYEES CAN DRIVE SCHOOL DISTRICT VEHICLES**

Person Making Request: \_\_\_\_\_ School: \_\_\_\_\_

Destination: \_\_\_\_\_ Activity: \_\_\_\_\_

Names of Adults to be Transported: \_\_\_\_\_

Name of Student Group to be Transported, if applicable: \_\_\_\_\_

Special Equipment to be Transported: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Date: \_\_\_\_\_ Anticipated Return Time: \_\_\_\_\_ Date: \_\_\_\_\_

Departure Location: \_\_\_\_\_ Return Location: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Principal or Supervisor Signature

\_\_\_\_\_  
Funding Source/Code

\*\*\*\*\*

Approved \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

Disapproved \_\_\_\_\_ Date \_\_\_\_\_ Comment \_\_\_\_\_

District Official Signature \_\_\_\_\_ Date \_\_\_\_\_