

Blaine School District No. 503

**Suburban Request Form**

**Pick up this completed form, vehicle, and keys at the Transportation Office.**

**Please return this form with the vehicle, keys and receipts at the conclusion of your trip.**

Please submit your request **at least two weeks prior** to the date of your trip. Requests must be approved by the Principal, Program Director, Superintendent and Transportation Director. Please call 332-8933 or ext 1700 if you have questions.

BUILDING: PRIMARY  PT ROBERTS  ELEMENTARY  MIDDLE  HIGH  DISTRICT OFFICE

REQUESTED BY: \_\_\_\_\_ BLDG/PROGRAM: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DRIVER: \_\_\_\_\_ TYPE II APPROVED: YES / NO (CONTACT EXT. 1700 W/QUESTIONS)

NUMBER OF STUDENTS: \_\_\_\_\_ NUMBER OF ADULTS: \_\_\_\_\_ NUMBER OF SUBURBANS: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

DEPARTURE: DATE: \_\_\_\_\_ TIME : \_\_\_\_\_ am  pm

RETURN: DATE: \_\_\_\_\_ TIME : \_\_\_\_\_ am  pm

PRINCIPAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**BILLING CODE:** \_\_\_\_\_

SUPERINTENDENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

TRANSPORTATION APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

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The motor pool fleet is provided in support of many district functions and your cooperation is a necessary part of the program. Only authorized district personnel, twenty-one years or older, holding a valid Washington State Drivers License are eligible to drive district vehicles. It is the driver's responsibility to obtain trip approval, provide for passenger safety, transport only authorized passengers, and make a reasonable effort to insure the security of the vehicle when it is not in use. It is also the responsibility of the driver to return the vehicle, keys, credit cards, and receipts to the transportation compound. **Please take the time to clean the interior of the vehicle for the next user and report any damage to the transportation supervisor.**

**Note: Please be sure your Type II drivers status has been updated-for more information, contact the Transportation office.**

**Driver signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CALL NUMBERS:**

TRANSPORTATION SUPERVISOR CARL WAGELIE OFFICE: 332-8933 - CELL: 303-2119 - HOME: 332-6416  
SUPERINTENDENT RON SPANJER OFFICE: 332-5881 - CELL: 393-1474  
EMERGENCY 911

\*\*\*\*\**Transportation Office Use*\*\*\*\*\*

VEHICLE #: \_\_\_\_\_ DRIVER: \_\_\_\_\_ MILES IN: \_\_\_\_\_ MILES OUT: \_\_\_\_\_ TTL MILES: \_\_\_\_\_

VEHICLE #: \_\_\_\_\_ DRIVER: \_\_\_\_\_ MILES IN: \_\_\_\_\_ MILES OUT: \_\_\_\_\_ TTL MILES: \_\_\_\_\_

CONDITION OUT: \_\_\_\_\_

CONDITION IN: \_\_\_\_\_

- Check fuel out
- Check fuel in
- Check oil out
- Check oil in
- Check coolant out

NOTES: \_\_\_\_\_