

## Strafford R-VI Schools Daily Pre-Trip Inspection Report

Driver's Full Name (print please):	
Driver's Signature:	Date:
Starting Mileage:	Bus #:

**CHECK** - Oil, Water, Belts, Hoses, P/S Fluid BEFORE STARTING ENGINE.

Allow to warm and check following: /=GOOD X=QUESTIONABLE O=DEFECT

\*If X or O is used, explain below and place book in proper slot.

Approach, Engine	Front & Rear	Driver's Area
Leaks	Clearance Lights	Horn
Wire	Red/Amber Lights	Gas Gauge
Hoses	Turn Signals	Oil Pressure
Belts	Emergency Door	Water Temperature
Antifreeze	Convex Mirrors	Windshield Washer
Oil	Exhaust System	Wipers
P/S Fluid	Head Lights	Defrosters
Windshield Washer	Brake Lights	Heaters
Windshield	Lettering	Mirror Adjustment
<b>Interior</b>	Marker Lights	Brake Warning
Seats	Rear Glass	High Beam Indicator
Emergency Door	<b>Right &amp; Left Sides</b>	Emergency Brake
Service Door	Side Mirrors	Brake Test
Steps & Handles	Wheels	Switches
Reflectors	Lug Nuts	
First Aid Kit	Clearance Lights	
Fire Extinguisher	Reflectors	Gallons Fuel
Seat Belt	Stop Arm	Quarts Oil
Body Fluid Kit	Lettering	Radio Check First
Floor Mat	Windows	Day of the Week

### Items Not Listed On Pre-Trip Needing Repair Or Service

Oil Change	Drive Train	Motor
Mileage:	Steering	Tires
Comments:		
Shop Comments:		
Mechanics Signature:	Date:	

**STRAFFORD R-VI SCHOOLS**  
**STUDENT TRANSPORTATION INFORMATION**

ROUTE NUMBER: \_\_\_\_\_ CHANGE OF ADDRESS:  DATE: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_\_ DROP DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

PHONE: \_\_\_\_\_ GRADE/TEACHER: \_\_\_\_\_

Please send to Transportation Department (Bus Barn).

# BUS DRIVER REQUEST FORM FOR SUBSTITUTE

DATE: \_\_\_\_\_

SUBSTITUTE ASSIGNED

*(For Office Use Only)*

DRIVERS NAME: \_\_\_\_\_

DATE (S) REQUESTED: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

REASON FOR ABSENCE: *(Personal days must be requested 48 hours in advance.)*

_____	ILLNESS	_____	PERSONAL BUSINESS
_____	DEATH IN FAMILY (Relationship: _____)	_____	SCHOOL BUSINESS
_____	FUNERAL (Friend or Other)	_____	OTHER

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