

**SCHUYLKILL HAVEN AREA SCHOOL DISTRICT  
VAN AUTHORIZATION FORM**

**VEHICLE:** R&J Transportation, Inc.  
10 Passenger - Van 02

**TRIP INFORMATION**

Advisor/Coach/Teacher: \_\_\_\_\_

Passenger List:	1) _____	6) _____
	2) _____	7) _____
	3) _____	8) _____
	4) _____	9) _____
	5) _____	10) _____

Date: \_\_\_\_\_

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

Departure Time: \_\_\_\_\_

Return Time: \_\_\_\_\_

Van returned in same physical condition: Yes  No

Fuel Level Start: \_\_\_\_\_ End: \_\_\_\_\_

Mileage Start: \_\_\_\_\_ End: \_\_\_\_\_

School Parking Lot Pickup: DO EC MS HS Return: DO EC MS HS  
Circle One Circle One

**Review the Following Items**

- Have a roster with you and be sure to submit a copy to the office.
- Check your vehicle for mechanical problems: tires, lights, and/or fluid leaks, etc.
- Report any mechanical problems.
- Review where your exits are with your passengers.
- Everyone must use their seatbelt.
- To minimize the possibility of choking, discourage eating and drinking in the van.
- Follow the rules and regulations of the road.
- Please make sure vehicle is kept clean at all times. Trash must be disposed properly.**
- Please keep fuel level above 1/2 tank.**

*Enjoy Your Trip!*

\_\_\_\_\_  
*Signature of Driver*

\_\_\_\_\_  
*Date*

<b>For District Office Use</b>	
Van Release Form Completed Yes <input type="checkbox"/> No <input type="checkbox"/>	Verified: _____ Date: _____ <i>Initial</i>