

**Office Use Only**

- \_\_\_ Requestor
- \_\_\_ Building Administrator
- \_\_\_ Transportation Supervisor
- \_\_\_ Bus Dispatcher

# Request for Special Transportation

## Marcellus Central School District

**Office Use Only**

- \_\_\_ Approved
- \_\_\_ Denied

**Please read the following**

- ▶ Plan well in advance. The Transportation Department must be informed a minimum of two weeks prior to any special trips.
- ▶ Day trips during normal school days must return to campus by 2:20 p.m. Exceptions must be approved by the Director of Transportation.
- ▶ The building principal and person making the request will receive confirmation of the trip from the Director of Transportation, in writing.
- ▶ The dispatcher will confirm by phone approximately two days prior to the trip.
- ▶ The Transportation Center must be informed of any cancellations a minimum of two days prior to the trip or as soon as possible.
- ▶ Cancelled trips will be rescheduled at a lower priority, and only according to the availability of buses and drivers.
- ▶ The final decision for all trips rests with the Building Principal and the Transportation Supervisor.

**Requestor Information**

Name of Applicant/Group \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Name of Person in Charge of Trip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Trip Information**

Trip Date \_\_\_\_\_  
 Group/Class \_\_\_\_\_  
 Destination \_\_\_\_\_  
 Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
 Total number of students expected \_\_\_\_\_ Number of adult supervisors \_\_\_\_\_  
 Do you require a wheelchair lift?  Yes  No If yes, how many? \_\_\_\_\_

**\*\*\*\*\*APPLICATION MUST BE SUBMITTED NO LESS THAN TWO WEEKS IN ADVANCE OF THE TRIP. SUBMISSION OF THIS FORM DOES NOT GUARANTEE APPROVAL.\*\*\*\*\***

The undersigned, as the individual or organization requesting the special trip, guarantees observance of the regulations governing use as listed on this form, payment of any charges incurred, and states that the organization assumes responsibility for any personal injury damage which may be caused by such use.

\_\_\_\_\_  
 Signature of Applicant  
 \_\_\_\_\_  
 Signature Organization Officer (If Applicable)

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Building Principal/Designee  
 \_\_\_\_\_  
 Signature of Superintendent

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Transportation Supervisor/Dispatcher

\_\_\_\_\_  
 Date

**REQUIRED TRANSPORTATION CHARGES: MUST COMPLETE BEFORE SUBMITTING FOR APPROVAL REQUIRED**

a. Number of buses required _____	<b><u>Method 1 – Per Mile Cost</u></b>	<b><u>Method 2 – Blended Per Mile plus Hourly Rate</u></b>
b. Number of attendants required _____	\$2.76 per mile x (a) x (c) = \$ _____	\$0.80 per mile x (a) x (c) = \$ _____
c. Number of roundtrip miles per bus _____		\$22.25 per hour x (a) x (d) = \$ _____
d. Number of hours required per bus/driver/attendant _____	FOR EXTERNAL/FOR PROFIT GROUPS ONLY	\$17.09 per hour x (b) x (d) = \$ _____
↳ (4 hour minimum per MTEU contract)	\$4.63 per mile x (a) x (c) = \$ _____	
<b>TOTAL AMOUNT TO BE BILLED</b>	<b>Method 1</b> \$ _____	<b>OR Method 2</b> \$ _____

An invoice for the lesser amount shown under “Method 1” or “Method 2” will be sent to the group specified below. Unpaid invoices may result in denial or cancellation of future requests.

- REQUIRED - Source of Funding for this Request:  District (no need to calculate cost)  KCH PTO  DMS PTA  Parents/guardians (collected by teacher)
- Town Parks & Recreation  Marcellus Day Care  Marcellus Parent Nursery School
- Student activity \_\_\_\_\_  Other Group/Organization \_\_\_\_\_

**Please direct any questions regarding charges to the district’s Transportation Supervisor at (315) 673-0211.**