

Henry
Derouselle

Director of Operations

Road Atlas

2021-2022 School Year

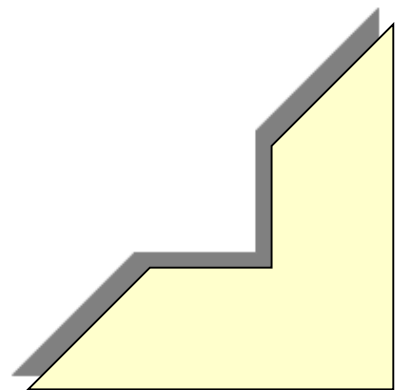
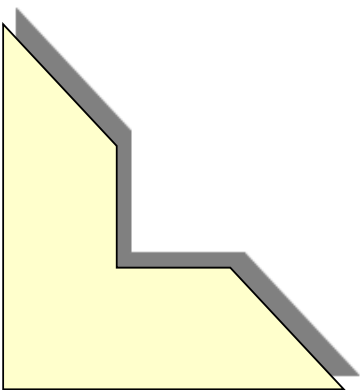


TABLE OF CONTENTS

| | |
|---|-----|
| DATES TO REMEMBER..... | 1 |
| MAINTENANCE DEPARTMENT WORK ORDER PROCEDURE..... | 2 |
| EXTRA PAY TIMESHEET..... | 3 |
| REQUEST FOR FIELD TRIPS | |
| PROCEDURE AT THE SCHOOL LEVEL..... | 4 |
| EXTRA BUS TRIP/FIELD TRIP REQUEST FORM..... | 5 |
| SUMMARY OF REQUEST FOR EXTRA BUS TRIPS..... | 6 |
| SUMMARY OF REQUESTS FOR EXTRA BUS TRIPS AFTER TRIP TO BE SUBMITTED TO A/P..... | 7 |
| SCHOOL BUS PRE-TRIP INSPECTION CHECK LIST..... | 8-9 |
| ANNUAL SCHOOL BUS ROUTE INFORMATION REPORT..... | 10 |
| REPORT OF ROUTE MILEAGE..... | 11 |
| TRANSPORTATION DEPARTMENT ACCIDENT REPORT SEATING ARRANGEMENT FORM..... | 12 |
| SAFE RIDING PRACTICES CLASSROOM INSTRUCTION VERIFICATION FORM T-7..... | 13 |
| SCHOOL-BUS EMERGENCY EVACUATION DRILL VERIFICATION FORM T-8..... | 14 |

DATES TO REMEMBER

Pre-School Bus Inspection Tuesday, August 3, 2021

Annual School Bus Meeting Tuesday, August 10, 2021

Annual School Bus Front Evacuation Drill Friday, November 5, 2021

Annual School Bus Back Door Evacuation Drill Friday, April 1, 2022

MAINTENANCE DEPARTMENT WORK ORDER PROCEDURE

- (1) GO TO PARISH WEB PAGE
- (2) CLICK ON STAFF RESOURCES
- (3) CLICK ON MAINTENANCE DIRECT
- (4) ENTER YOUR EMAIL ADDRESS
- (5) FILL OUT INFORMATION BOXES
- (6) MAINTENANCE WILL CLOSE WORK ORDERS AND THE SYSTEM WILL EMAIL YOU OF THE CHANGES AND WHAT ACTION WAS DONE

***** NOTE: THIS SYSTEM IS ONLY FOR MAINTENANCE NOT FOR THE COMPUTER DEPARTMENT**



St. Martin Parish School Board
"EXTRA PAY" TIME SHEET (only one per employee)

FORM: SMPSB-12
 Revised: 06/2005

SCHOOL: _____ NAME: _____ SSN: _____

| MONDAY | | | TUESDAY | | | WEDNESDAY | | | THURSDAY | | | FRIDAY | | | SATURDAY | | | Hourly Rate= | |
|---------------------|----------|-------|-------------|----------|-------|-------------|----------|-------|-------------|----------|-------|-------------|----------|-------|-------------|----------|-------|--------------|-----------|
| Date: _____ | | | Date: _____ | | | Date: _____ | | | Date: _____ | | | Date: _____ | | | Date: _____ | | | | |
| Time In | Time Out | Hours | Time In | Time Out | Hours | Time In | Time Out | Hours | Time In | Time Out | Hours | Time In | Time Out | Hours | Time In | Time Out | Hours | Total Hours | Total Pay |
| | | | | | | | | | | | | | | | | | - | \$ - | |
| | | | | | | | | | | | | | | | | | - | \$ - | |
| | | | | | | | | | | | | | | | | | - | \$ - | |
| | | | | | | | | | | | | | | | | | - | \$ - | |
| | | | | | | | | | | | | | | | | | - | \$ - | |
| | | | | | | | | | | | | | | | | | - | \$ - | |
| GRAND TOTALS | | | | | | | | | | | | | | | | | - | \$ - | |

Employee Signature/ Date _____ Principal and/or Supervisor Signature & Date _____

| | | | |
|---|------------------|-------------------|--|
| Coordinator, Principal, or Supervisor MUST PROVIDE | Grant Name _____ | Fund Number _____ | Employee Transaction Code (ETC): _____ |
|---|------------------|-------------------|--|

TRANSPORTATION DEPARTMENT

REQUEST FOR FIELD TRIPS

PROCEDURE AT THE SCHOOL LEVEL:

When doing the field trip request, call Operations and give the date of the trip, the time, and the number of drivers needed. If you have made contact with drivers, enter drivers name on form. Otherwise, leave driver's name blank and Operations will notify you with the name of the driver. After getting the information from Operations, send the forms to the appropriate supervisor for approval. Schools must request all field trips three weeks in advance. Please send in your request as early as possible.



Request for Extra Bus Trip/Field Trip Request

School/Organization:

Date of Trip: Time From: To :

Bus Number(s) 1. Driver: _____
2. Driver: _____
3. Driver: _____
4. Driver: _____

Purpose of Trip: _____

Destination:

Mileage (Round Trip):

Total Number of Students: Number of Chaperones: Grade(s):

Teacher(s) in Charge:

Is Lesson Plan attached? Yes No

***Request will be returned if lesson plans are not attached.**

Signed:
Principal/Designee

Instruction:

- ** Submit request at least 3 weeks prior to field trip. All incomplete forms will be returned unapproved.
- ** Attach "Out of Parish Travel for Field Trip" form if trip is out of Parish.
- ** Schools - Attached a copy of this form to the payable voucher when requesting reimbursement to the business office.
- ** Others - Make checks payable to St. Martin Parish School Board, attach a copy of this form & mail payment to:
P. O. Box 859/St. Martinville, LA 70582/Attention: Transportation Department

NOTE: If field trip is for a club or organization not associated with a school, please give the name and address of the contact person.

Name of Contact Person

Address

OFFICE USE ONLY/DO NOT FILL IN BELOW THIS LINE

Your Request for Extra Bus Trip has been:

Approved Denied For _____ Miles @ \$2.00 per mile =

Director of Operations Date

Supervisor of Operations --Henry Derouselle Date

To be completed AFTER trip

This form MUST accompany Summary of Requests for Extra Bus Trips when submitted to A/P

SCHOOL NAME _____

DATE of TRIP _____

_____, Bus Drive, drove to
(Driver's Name, printed)

_____ for a field trip/game
(circle one)

Principal's Signature (required) Date

Bus Driver's Signature (required) Social Security # Date

Club or Group Name

Sponsor's Signature (required) Date

| |
|------------------------------------|
| Office Use Only: Account #: |
|------------------------------------|

State of Louisiana
 Department of Education
 SCHOOL BUS PRE-TRIP INSPECTION CHECK LIST

DISTRICT _____ BUS NO. _____ DATES: FROM _____ TO _____

Code: Ok Needs Attention Correction Made

| BEFORE EACH TRIP | | | | | | | | | | | | | |
|------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|
| | INSPECTION DATE | | | | | | | | | | | | |
| A | CHECK OUTSIDE THE BUS: | | | | | | | | | | | | |
| | 1. FUEL TANK (SYFILLER CAP(S)) | | | | | | | | | | | | |
| | 2. EXHAUST PIPE | | | | | | | | | | | | |
| | 3. TIRES/RIMS/LUGS | | | | | | | | | | | | |
| | 4. AIR TANK (S) | | | | | | | | | | | | |
| | 5. UNDER BUS LEAKS (OIL, FUEL, COOLANT WATER , POWER STEERING FLUID, BRAKE FLUID, ETC.) | | | | | | | | | | | | |
| | 6. GENERAL OUTSIDE | | | | | | | | | | | | |
| B | CHECK UNDER THE HOOD: | | | | | | | | | | | | |
| | 1. BATTERY/BELTS/HOSES/WIRING | | | | | | | | | | | | |
| | 2. FLUID LEVELS | | | | | | | | | | | | |
| | 3. FUEL LEAKS | | | | | | | | | | | | |
| C | CHECK INSIDE BUS: | | | | | | | | | | | | |
| | 1. FIRE EXTINGUISHER/FIRST AID KIT/EMERGENCY REFLECTORS/SPARE FUSES | | | | | | | | | | | | |
| | 2. SEATS/FLOOR/GENERAL APPEARANCE | | | | | | | | | | | | |
| | 3. EMERGENCY EXIT(S) | | | | | | | | | | | | |
| D | START ENGINE AND CONTINUE INSIDE CHECK: | | | | | | | | | | | | |
| | 1. DASH GUAGES/LIGHTS/WARNING BUZZERS | | | | | | | | | | | | |
| | 2. HORN/STEERING WHEEL | | | | | | | | | | | | |
| | 3. WINDSHIELD WIPERS/WASHER | | | | | | | | | | | | |
| | 4. HEATER/DEFROSTER/FAN | | | | | | | | | | | | |
| | 5. DOME LIGHTS/STEP-WELL LIGHT | | | | | | | | | | | | |
| | 6. DRIVER'S SEAT/SEAT BELT/MIRRORS | | | | | | | | | | | | |
| | 7. SERVICE BRAKER/PARKING BRAKE/EMERGENCY BRAKE | | | | | | | | | | | | |
| | 8. OVERHEAD FLASHING LIGHT/STOP ARMS | | | | | | | | | | | | |
| | 9. TURN INDICATORS/HAZARD LIGHTS/ | | | | | | | | | | | | |
| E | CHECK OUTSIDE THE BUS WITH ENGINE RUNNING: | | | | | | | | | | | | |
| | 1. STOPLIGHTS/TAILLIGHTS/BACK-UP SIGNAL | | | | | | | | | | | | |
| | 2. HEADLIGHTS/PARKING LIGHTS/SIDE MARKER LIGHTS | | | | | | | | | | | | |
| | 3. OVERHEAD FLASHERS/STOP ARMS | | | | | | | | | | | | |
| | 4. TURN INDICATORS/HAZARD LIGHTS/STROBE LIGHTS | | | | | | | | | | | | |
| | 5. WINDSHIELD/WINDOWS/MIRRORS | | | | | | | | | | | | |
| F | COMPLETE FINAL CHECKS: | | | | | | | | | | | | |
| | 1. FASTEN SEAT BELT | | | | | | | | | | | | |
| | 2. TEST BRAKES (STOP AND HOLD) | | | | | | | | | | | | |
| | 3. CLUTCH TRAVEL | | | | | | | | | | | | |
| | 4. STEERING/WHEEL PLAY | | | | | | | | | | | | |

FILENAME: LAINSP1 05-06-03

(CONTINUE ON REVERSE SIDE-->)

I certify that all items listed on this form were checked before placing the bus in service. All faulty or improperly functioning equipment that may affect the safety of the vehicle's operation or result in its mechanical breakdown was reported, in writing, to proper authorities and appropriate repairs were made before allowing pupils to board the bus..

 DRIVER'S NAME (PLEASE PRINT)

 DRIVER'S SIGNATURE

 DATE

ANNUAL SCHOOL BUS ROUTE INFORMATION REPORT

This report requires the school bus driver to gather and report school bus route information on three important areas: Route mileage, pupils transported, and route starting and ending times. Information must be reported as soon as possible after the beginning of the school year. Bus driver please be sure that the reported information is accurate, true and correct. This information will be used to obtain State funding for your route. Read and follow instructions carefully.

MILEAGE Use odometer reading only (show miles and tenths). Include only route mileage actually driven (no deadhead miles). Do not show frozen mileage, unless same as usual route mileage. Route mileage will be measured in the School bus (owner is responsible for verifying odometer accuracy).

MORNING ODOMETER READING 1. First Child Picked up _____ (Odometer Reading)

2. Last School Served _____ (Odometer Reading)

AFTERNOON ODOMETER 1. First School Served _____ (Odometer Reading)

2. Last Child Dropped _____ (Odometer Reading)

NUMBER OF PUPILS TRANSPORTED

| | PUBLIC SCHOOLS | | NON PUBLIC SCHOOLS | |
|-------------|----------------|----|--------------------|----|
| | AM | PM | AM | PM |
| FIRST LOAD | | | | |
| SECOND LOAD | | | | |
| THIRD LOAD | | | | |
| FOURTH LOAD | | | | |
| TOTALS | | | | |

ROUTE TIMES MORNING ROUTES 1. Time First Child Picked up _____
2. Time Arrived at Last School _____

AFTERNOON ROUTES 1. Time Arrived at First School _____
2. Time Last Child Dropped off _____

TOTAL NUMBER OF BUS STOPS (INCLUDED STOP AT SCHOOL) _____
AM PM

I hereby certify that the above information is accurate, true and correct. Route(s) was (were) measured according to instructions contained in Section X, "School Bus Routes" and Section XI, "State Board Policies" Bulletin 119, "SCHOOL TRANSPORTATION HANDBOOK", Louisiana Department of Education, 1982 I understand that inaccurate or incorrect measurement of mileage could result in certain actions as set forth on page 14 of above named bulletin.

Date _____

Bus Driver's Signature

Date _____

Signature and Title of Auditor

FOR DISTRICT USE ONLY – DO NOT RETURN TO DEPT. OF EDUCATION
LOUISIANA DEPARTMENT OF EDUCATION
REPORT OF ROUTE MILEAGE

Driver: _____ Bus No.: _____ Effective Date: _____

| | |
|---|---|
| <p style="text-align: center;">TO SCHOOL MILEAGE (Dead Mileage from Home)</p> <p>_____ start time _____ start mileage</p> <p>TRIP NO.1: _____ (School)</p> <p>Regular () Spec Ed. () STUDENTS: _____ (Public) (Non-public) (TOTAL)</p> <p>ODOMETER _____ (start) (end)</p> | <p style="text-align: center;">TO SCHOOL MILEAGE (Dead Mileage from Home)</p> <p>_____ start time _____ start mileage</p> <p>TRIP NO.1: _____ (School)</p> <p>Regular () Spec Ed. () STUDENTS: _____ (Public) (Non-public) (TOTAL)</p> <p>ODOMETER _____ (start) (end)</p> |
| <p style="text-align: center;">TO SCHOOL MILEAGE (Dead Mileage from Home)</p> <p>_____ start time _____ start mileage</p> <p>TRIP NO.1: _____ (School)</p> <p>Regular () Spec Ed. () STUDENTS: _____ (Public) (Non-public) (TOTAL)</p> <p>ODOMETER _____ (start) (end)</p> | <p style="text-align: center;">TO SCHOOL MILEAGE (Dead Mileage from Home)</p> <p>_____ start time _____ start mileage</p> <p>TRIP NO.1: _____ (School)</p> <p>Regular () Spec Ed. () STUDENTS: _____ (Public) (Non-public) (TOTAL)</p> <p>ODOMETER _____ (start) (end)</p> |
| <p style="text-align: center;">TO SCHOOL MILEAGE (Dead Mileage from Home)</p> <p>_____ start time _____ start mileage</p> <p>TRIP NO.1: _____ (School)</p> <p>Regular () Spec Ed. () STUDENTS: _____ (Public) (Non-public) (TOTAL)</p> <p>ODOMETER _____ (start) (end)</p> | <p style="text-align: center;">TO SCHOOL MILEAGE (Dead Mileage from Home)</p> <p>_____ start time _____ start mileage</p> <p>TRIP NO.1: _____ (School)</p> <p>Regular () Spec Ed. () STUDENTS: _____ (Public) (Non-public) (TOTAL)</p> <p>ODOMETER _____ (start) (end)</p> |
| <p style="text-align: center;">TO SCHOOL MILEAGE (Dead Mileage from Home)</p> <p>_____ start time _____ start mileage</p> <p>TRIP NO.1: _____ (School)</p> <p>Regular () Spec Ed. () STUDENTS: _____ (Public) (Non-public) (TOTAL)</p> <p>ODOMETER _____ (start) (end)</p> <p style="text-align: center;">(Dead Mileage to Home)</p> <p>_____ (end time) _____ (end mileage)</p> | <p style="text-align: center;">TO SCHOOL MILEAGE (Dead Mileage from Home)</p> <p>_____ start time _____ start mileage</p> <p>TRIP NO.1: _____ (School)</p> <p>Regular () Spec Ed. () STUDENTS: _____ (Public) (Non-public) (TOTAL)</p> <p>ODOMETER _____ (start) (end)</p> <p style="text-align: center;">(Dead Mileage to Home)</p> <p>_____ (end time) _____ (end mileage)</p> |

I hereby certify that the above information is accurate and correct. Route mileage has been measured and recorded as required by local and state procedures. (Changes must be authorized by proper authority and approved by the Transportation Department.)

Driver's Signature _____ Date _____

Auditor's Signature _____ Date _____

Staff Approval _____ Date _____

| FOR OFFICE USE ONLY | | | | | | | |
|----------------------------|---------|---------|-------|--------------|---------|---------|-------|
| MILEAGE | Regular | Spec Ed | Total | No. Students | Regular | Spec Ed | Total |
| TO SCHOOL | | | | | | | |
| TO HOME | | | | | | | |
| AVG ONE WAY | | | | | | | |

TRANSPORTATION DEPARTMENT ACCIDENT REPORT FORM
SEATING ARRANGEMENT

This page is to be completed in addition to the Accident Report Form. The names of the students should be printed on the line for the seat which they occupied at the time of the accident.

NAME OF DRIVER _____ BUS NO. _____ DATE OF ACCIDENT _____

SEATING ARRANGEMENT: (FRONT of bus) _____
(Name of School)

| | |
|---|--|
| <p>1. _____ (window) _____ (middle) _____ (aisle)</p> <p>2. _____ (window) _____ (middle) _____ (aisle)</p> <p>3. _____ (window) _____ (middle) _____ (aisle)</p> <p>4. _____ (window) _____ (middle) _____ (aisle)</p> <p>5. _____ (window) _____ (middle) _____ (aisle)</p> <p>6. _____ (window) _____ (middle) _____ (aisle)</p> <p>7. _____ (window) _____ (middle) _____ (aisle)</p> <p>8. _____ (window) _____ (middle) _____ (aisle)</p> <p>9. _____ (window) _____ (middle) _____ (aisle)</p> <p>10. _____ (window) _____ (middle) _____ (aisle)</p> <p>11. _____ (window) _____ (middle) _____ (aisle)</p> | <p>12. _____ (window) _____ (middle) _____ (aisle)</p> <p>13. _____ (window) _____ (middle) _____ (aisle)</p> <p>14. _____ (window) _____ (middle) _____ (aisle)</p> <p>15. _____ (window) _____ (middle) _____ (aisle)</p> <p>16. _____ (window) _____ (middle) _____ (aisle)</p> <p>17. _____ (window) _____ (middle) _____ (aisle)</p> <p>18. _____ (window) _____ (middle) _____ (aisle)</p> <p>19. _____ (window) _____ (middle) _____ (aisle)</p> <p>20. _____ (window) _____ (middle) _____ (aisle)</p> <p>21. _____ (window) _____ (middle) _____ (aisle)</p> <p>22. _____ (window) _____ (middle) _____ (aisle)</p> |
|---|--|

(REAR of bus)

LIST NAMES OF ANY STUDENTS WHO WERE STANDING AT THE TIME OF ACCIDENT (if applicable)

**SCHOOL BUS EMERGENCY
EVACUATION DRILL
VERIFICATION FORM T-8**

PLEASE CIRCLE SEMESTER THAT REFLECTS DRILL

THIS FORM IS DUE TO THE
TRANSPORTATION DEPARTMENT BY THE
1ST SEMESTER OF SCHOOL YEAR 20 ____
2ND SEMESTER 20 ____

RECEIVED BY TRANSPORTATION DEPARTMENT: _____

PRINCIPAL'S SIGNATURE: _____ BUS # _____ DATE: _____

| SCHOOLS - TIME OF DRILLS AND DATE | EVACUATION TIME FRONT OF BUS MIN. _____ SEC. _____ | EVACUATION TIME REAR OF BUS MIN. _____ SEC. _____ | STUDENT COUNTS | DRIVER'S SIGNATURE |
|--|--|---|-------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SUPERVISOR'S SIGNATURE: _____