

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 _____	<u>Method 1 – Per Mile Cost</u>	<u>Method 2 – Blended Per Mile plus Hourly Rate</u>
b. Number of attendants required _____	\$3.28 per mile x (a) x (c) = \$ _____	\$1.11 per mile x (a) x (c) = \$ _____
c. Number of roundtrip miles per bus _____		\$35.02 per hour x (a) x (d) = \$ _____
d. Number of hours required per bus/driver/attendant _____	FOR EXTERNAL/FOR PROFIT GROUPS ONLY	\$28.35 per hour x (b) x (d) = \$ _____
↳ (4 hour minimum per MTEU contract)	\$4.82 per mile x (a) x (c) = \$ _____	
TOTAL AMOUNT TO BE BILLED	Method 1 \$ _____	OR Method 2 \$ _____

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) 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.