

EAST RUTHERFORD BOARD OF EDUCATION

250 Grove Street
E. Rutherford, NJ 07073
201-804-3100 ext. 2001

USE OF SCHOOL BUS REQUEST FORM

****Must be submitted 2 weeks prior to requested date for approval from BOE****

Name of Organization: _____
Date of use: ____/____/____ (if multiple fill out one form per request)
Number of vehicles being requested: _____ Number of passengers: _____ Note: Cost of fuel/tolls to be paid by Organization unless request to be waived by E.R.B.O.E
Driver(s) if applicable: ____ Yes ____ No Note: Cost of bus driver to be paid by Organization unless waived by E.R.B.O.E
Check to agree to costs associated: ____ Yes and/or ____ Request fee's to be waived
Departure address and time: _____ :_____ am/pm
Destination & address: _____
Departure time from destination: _____:_____ am/pm
Requested By:
Date:
Contact Phone Number & Email:
Certificate of Liability must accompany this request

To Be Completed by Board Office upon BOE approval

Date Received:	Bus/Driver Assigned:	Approved by (Signature):
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Any changes once BOE approved – contact Frank Abbattiscianni, Transportation Supervisor 201-681-1373