

**Office Use Only**

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

**2025-2026**

**Request for Special Transportation  
Marcellus Central School District**

**Office Use Only**

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

**Please read the following**

- ▶ Plan well in advance. Request must be submitted at least 1 calendar month, by date, prior to the event.
- ▶ **Day trips during normal school days must return to campus by 2p.m.**
- ▶ The building principal and person making the request will receive confirmation of the trip from the Supervisor of Transportation.
- ▶ The Transportation Center must be informed of any cancellations 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 From Campus \_\_\_\_\_ Event End Time \_\_\_\_\_  
 Total number of students expected \_\_\_\_\_ Number of adult supervisors \_\_\_\_\_  
 Do you require a wheelchair lift?  Yes  No If yes, how many? \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**TRANSPORTATION CHARGES: MUST SELECT SOURCE FUNDING BEFORE SUBMITTING FOR APPROVAL**

- a. Number of buses required \_\_\_\_\_
- b. Number of attendants required \_\_\_\_\_
- c. Number of roundtrip miles per bus \_\_\_\_\_
- d. Number of hours required per bus/driver/attendant \_\_\_\_\_  
 ↳ (4 hour minimum per MTEU contract)

**Method 1 – Per Mile Cost**

\$3.28 per mile x (a) x (c) = \$ \_\_\_\_\_

FOR EXTERNAL/FOR PROFIT GROUPS ONLY

\$4.82 per mile x (a) x (c) = \$ \_\_\_\_\_

**Method 2 – Blended Per Mile plus Hourly Rate**

\$1.11 per mile x (a) x (c) = \$ \_\_\_\_\_

\$35.02 per hour x (a) x (d) = \$ \_\_\_\_\_

\$28.35 per hour x (b) x (d) = \$ \_\_\_\_\_

**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)
- School PTO/PTA
- 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) 673-6411.