Office Use Only
____Requestor
____Building Administrator
____Transportation Supervisor
Bus Dispatcher

Request for Special Transportation

Marcellus Central School District 2026-2027

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 2:00 p.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 _____ Return 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 COMPLETE 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)

TOTAL AMOUNT TO BE BILLED

Method 1 – Per Mile Cost
$3.05 per mile x (a) x (c) = $_____

FOR EXTERNAL/FOR PROFIT GROUPS ONLY
$4.18 per mile x (a) x (c) = $_____

Method 1 **$**_____ **OR**

Method 2 – Blended Per Mile plus Hourly Rate
$0.68 per mile x (a) x (c) = $_____
$38.78 per hour x (a) x (d) = $_____
$23.07 per hour x (b) x (d) = $_____

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.