

## Transportation Department 2810 W. Entry Road Baldwinsville, NY 13027 315.638.6097 Office 315.635.4562 Fax <u>Transportation-Office@Bville.org</u> email

**CHARTER BUS REQUEST FORM** 



Date of F	ield	Trip:
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**Sponsor Name:** 

School:

Charter Bus Company:		
Depart Location:		Time of Departure:
Destination of Trip:		Time of Return:
#Passengers:	# of Buses:	# of Wheelchairs:
Submitted by:		Date:
Administrator's Signature:		

## INSTRUCTIONS FOR COMPLETING THE REQUEST

ALL REQUESTS MUST BE SUBMITTED TO THE TRANSPORTATION DEPARTMENT AT LEAST 15 DAYS PRIOR TO TRIP DATE.

- ✓ Use one form per field trip
- ✓ Calculate an additional ½ hour over actual travel time to allow for bus inspection
- ✓ Buses will arrive approximately 12 minutes prior to departure
- ✓ Drop off & pick ups may be changed only in emergency by the requester
- ✓ Sponsor and chaperones shall be responsible for the student discipline on the charter bus
- ✓ Arrange for the administration of Medications for all students who have a need

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Signed: \_\_\_

Date:\_\_\_\_\_

School Transportation Director