

TICONDEROGA CENTRAL SCHOOL DISTRICT  
TRANSPORTATION REQUEST FORM

(This form must be initiated at least ten (10) days prior to date)

Date of request \_\_\_\_\_ School \_\_\_\_\_

Person(s) making request \_\_\_\_\_

Grade (s) \_\_\_\_\_ Date bus desired \_\_\_\_\_

Destination \_\_\_\_\_

Time of departure from school \_\_\_\_\_ Time of Return \_\_\_\_\_

Number of passengers \_\_\_\_\_

Students with serious medical concerns \_\_\_\_\_ YES \_\_\_\_\_ NO

Please explain: \_\_\_\_\_

PURPOSE OF TRIP OR ACTIVITY \_\_\_\_\_

- An outside group must submit a certificate of liability insurance for at least \$500,000, naming the district as an additional insured for this trip. Worker's Compensation coverage should also be provided by the outside group for the driver(s) of the vehicles(s). Certificate of liability insurance must be submitted with this request form. No trip will be approved without a certificate. Outside groups will be charged for the driver and all operating expenses of the vehicle. The current rate per mile is \$3,00.

Approval of Principal \_\_\_\_\_ Date \_\_\_\_\_

Approval of Business Official \_\_\_\_\_ Date \_\_\_\_\_  
(Outside Groups Only)

Approval of Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Bus and/or drivers available on date requested YES \_\_\_\_\_ NO \_\_\_\_\_

.....  
For Transportation Department Use Only:

Driver's Name: \_\_\_\_\_

Distribution: Original to Transportation Dept.  
Copy to Building Principal  
Copy to Food Service  
Copy to Nurse  
Copy to Business Office (outside groups)