

TICONDEROGA CENTRAL SCHOOL DISTRICT

5 CALKINS PLACE
TICONDEROGA, NY 12883

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

APPLICATION FOR TRANSPORTATION

Permission must be secured before any definite announcement is made concerning proposed transportation. **A Certificate of Insurance proving Liability Coverage of at least \$500,000, naming the Ticonderoga Central School District as an Additional Insured is required for this trip. A Certificate of Liability Insurance must be submitted with this request; no trip will be approved without Liability Insurance. Outside organizations/individuals will be charged for the driver and all operating expenses for the vehicle. The current rate per mile is \$3.00.**

APPLICANT INFORMATION

Date of Request:

School/Organization:

Person(s) Making Request:

Date Transportation Desired:

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Time of Departure (from School):

Time of Return:

Destination:

Number of Passengers:

Students with Serious Medical Concerns: Yes No

If yes, Please Explain:

OUTSIDE ORGANIZATION ONLY

Organization:

Address:

Phone:

City:

State:

ZIP Code:

Applicant/Contact Person:

Title:

Email:

Signature:

Date:

DISTRICT OFFICE USE ONLY

Bus and/or driver available on requested date Yes No

If yes, Driver's Name:

Driver's Fee:

Total Mileage:

Rate Per Mile:

Insurance on File Yes No

Approval of Principal:

Date:

Approval of Business Official:
(Outside Organization Only)

Date:

Approval of Supt. of Schools:

Date:

Distribution: Original to Transportation Dept., Copies to Building Principal, Food Service Manager, Nurse & Business Office (Outside Organizations Only)