

Waterville Central Schools

WATERVILLE NY 13480



Phone: 315-841-3787
Website: www.watervillecsd.org

Fax: 315-841-3719

Transportation Department
Transportation Supervisor: *Ethan Ostrander*
Email: transportation@watervillecsd.org

CHARTERED BUS REQUEST FORM

Date of Event: ___/___/___

Time: Leaving School _____ :
Return to School _____ :

Destination: _____

Address: _____

Group Attending: _____

Chaperone/Sponsor: _____

Phone/Email: (____) _____ / _____ @ _____ .

Number of Students/Adults: _____ / _____

Point of Departure (Building/Wing): _____

Special Instructions: _____

CHARTER INFORMATION:

Name of Carrier: _____

Contact Person: _____

Address of Carrier: _____

Telephone #: (____) _____ - _____ Fax#: (____) _____ - _____

Request for (how many) _____ Buses Return Date: ___/___/___

Signed: _____

Dated: _____

Department:

1) _____

1st - Faculty Member

2) _____

2nd- Building Principal

3) _____

3rd - School Superintendent

4) _____

4th - Transportation Supervisor

5) _____

5th - BOE Approval

**Request should be made at least one (1) month in advance to Building Principal*

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CHARTERED TRANSPORTATION COMPLIANCE REQUIREMENTS

Date of request: ___/___/___ School/Bldg: _____

Address: _____

District Personnel Requesting Trip: _____

_____ () -

(Carrier Name) (Address) (Phone)

To: _____ () -

(Destination) (Address) (Contact Person/#)@location

Departing on ___/___/___ @ ___:___ AM/PM From: _____
(Departure Site/Wing)

The following information **MUST be submitted** to the district for review by the Superintendent of Schools:

- A) Carrier CONTACT Person
- B) Copy of Certificate of Certificate with NY State Department of Motor Vehicle Article 19A and ICC Regulations, along with a copy of the last DOT Inspection.
- C) Copy of Proof of Insurance Coverage including Amount of Liability Coverage.
- D) List of Names and License Abstracts for Drivers who will be assigned to the trip, as well as backup drivers. Any changes to the approved list must be submitted for review at least *****TWO(2) WEEKS prior to the scheduled departure.**

E) WRITTEN AUTHORIZATION FOR:

School District Designee to Perform Pre-trip Inspection of each bus on the day of trip departure.
School district representative to request that all drivers identify themselves VIA their CDL.

NOTE: The pre-trip visual inspection will include - Inspection sticker, Tires, Oil or Grease leaks and overall appearance of both interior and exterior of buses.

Approval or disapproval of information submitted will be given within five(5) working days after it has been received by the Waterville Transportation Department.

**THE REQUIRED INFORMATION SHOULD BE RETURNED TO THE DISTRICT PERSONNEL REQUESTING THE TRIP AS LISTED ABOVE AS SOON AS POSSIBLE AND A COPY SENT TO THE TRANSPORTATION DEPARTMENT
EMAIL: transportation@watervillecsd.org or FAX: (315)841-3719**

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