

Helix School District 1R

Code: **EEAD-AR**
Adopted: 7/2/97
Orig. Code(s): None

Special Use of School Buses

1. A written request must be submitted indicating:
 - a. Name of organization
 - b. Purpose of trip
 - c. Dates needed
 - d. Time of departure and return
 - e. Signature of adult responsible for activity
2. District vehicles must be driven by a District employee with the appropriate certification.
3. The activity must not interfere with the regular school program or bus schedule.
4. A fee schedule will include but not be limited to:
 - a. Driver's hourly rate
 - b. Associated payroll costs
 - c. Fuel at cost per mile
 - d. Overhead (insurance, service depreciation) at cost per mile
5. Authorization of such use must be approved by the superintendent/principal or designee.

Special Use of School Bus Request

Name of Organization _____
Address _____ Phone _____
Purpose of Request _____

Days or Dates Needed _____ Time of Departure _____
Return Time _____ Destination _____
Estimated Miles _____ Number in Group _____

Signature

Title

Based on the information provided, your estimated costs will be:

Bus Driver's Salary _____ hrs @ \$ _____ per/hr = _____
Associated Payroll Costs (26%) = _____
Fuel: _____ Miles @ .24 per mile = _____
Overhead: _____ Miles @ .75 per mile = _____
Estimated Total: _____

Note: Bus driver's meals and lodging responsibility of organization.

Business Manager

Date

Driver assigned _____

Transportation Coordinator

The superintendent has ____ approved _____ denied your request to use a district school bus.

Reason for denial _____

Superintendent/Principal

Date

Actual Costs:

Bus Driver's Salary _____ hrs @ \$ _____ per/hr = _____
Associated Payroll Costs (26%) = _____
Fuel: _____ Miles @ .24 per mile = _____
Overhead: _____ Miles @ .75 per mile = _____
Estimated Total: _____