

ROCKINGHAM COUNTY SCHOOLS

Charter Bus, Activity Bus, and Yellow Bus Request Form

Important Notice: The Rockingham County School System does not provide insurance coverage for private vehicles used for field trips. Individuals must have adequate personal liability insurance coverage when using private vehicles. Activity Bus – out of state overnight and Charter Buses: See Charter Bus Memo in the Principal's Transportation Handbook for specific instructions. The list for approved carriers is located on the Rockingham County Schools website and can be found under Services, Transportation.

Please complete the following information:

Number of Buses Needed for Trip: _____

Yellow Bus #(s) {if applicable}: _____

(***) Cannot be used unless prior approval by Dr. Cindy Corcoran is obtained (***)

Charter Carrier {if applicable}: _____

(Must be on approved list by the Transportation Department and all signatures must be obtained)

Mode of Transportation

Choose One:

- _____ Yellow Bus
 _____ Charter Bus
 _____ Activity Bus

Requested by: _____ Phone #: _____ Ext: _____

School/Department: _____ Bill Trip to: _____

Persons who will supervise trip: _____

Purpose/Educational Objective *(Must be aligned with the standard course of study)*: _____

Trip Date(s): _____ # of Students: _____ Grade(s): _____ # of Adults: _____

(1 adult to 10 students required)

Bus Pick Up Date: _____ Time: _____

Bus Return Date: _____ Time: _____

Student Pick-Up Date: _____ Time: _____

Student Return Date: _____ Time: _____

Transportation Department Use Only:

Bus Pick-Up: _____

Bus #: _____

Bus Return: _____

Destination (Indicate the name of place and city): _____

Contact at Destination: _____ Phone #: _____ Ext.: _____

Special Instructions for Transportation Department: _____

School Nurse must be notified of the trip (Date of Notification): _____

Child Nutrition must be notified of the trip (Date of Notification): _____

****Attach map and directions from school to your destination****

(\$1.50 per mile for all activity buses - yellow bus charges will be different if applicable)

Cost of Ticket/Entry Fee: _____ Cost of Bus: (miles X rate) or (flat rate) _____

Cost of Substitute: (if applicable) _____ Cost of Driver: (if applicable) _____

Total Cost of Trip: _____ **Cost Per Student:** _____

1st Principal/AD's Approval: _____ Date: _____

2nd Program Director's Approval: _____ Date: _____

3rd Assistant Superintendent Approval: _____ Date: _____

4th Superintendent's/BOE Approval: _____ Date: _____

↑ - *(For overnight and out-of-state trips)*

Final Approval - Transportation Department: _____ Date: _____