

CONNEAUT AREA CITY SCHOOLS

SCHOOL BUS TRAVEL CERTIFICATE AND APPLICATION

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| DATE of REQUEST _____ | BUS _____ | HANDICAP ACCESSIBLE BUS _____ | VAN _____ |
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IF MORE THAN ONE BUS IS NECESSARY, A SEPARATE FORM IS TO BE COMPLETED FOR EACH BUS

Coaches – THREE (3) WEEKS PRIOR to event, complete the upper portion and email to athletic administrator
Athletic Administrators – If approved, sign and date form and send to: Carly Strader, Transportation Supervisor
Teachers - Non-athletic trips- FOUR (4) WEEKS prior to event, complete the upper portion and email it to principal. All non-athletic trips during the school day must be planned as part of the regular course of study and must be sent to the Superintendent for approval.

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| DEPARTING FROM: | GRADE/SPORT: | COACH/TEACHER: |
| DESTINATION: | DATE OF TRIP: | PURPOSE: |
| NUMBER OF STUDENTS: | DEPARTURE TIME: | RETURN TIME: |
| FUND/GROUP RESPONSIBLE FOR COST: | CONTACT INFO FOR RESPONSIBLE PARTY TO INVOICE: | OTHER STOPS: PURPOSE: |
| LEARNING OBJECTIVES: | COURSE OBJECTIVES: | |

I certify that this trip is in conformity with the rules and regulations established by the State Department of Education and other agencies. It is approved by the local Board of Education. (Rules are published in the Ohio Bus Drivers' Regulations published each year and in Staff Handbooks.)

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| PRINCIPAL/ATHLETIC ADMINISTRATOR SIGNATURE: | DATE |
| All non-athletic field trips need to be approved by the Superintendent. Please email to lriley@cacsk12.org This is to certify that this trip is in conformity with the rules and regulations as established by the State Department of Education and the Conneaut Area City School Board. | |
| APPROVED REJECTED | SUPERINTENDENT SIGNATURE: _____ DATE GRANTED: _____ |

| DRIVERS MUST COMPLETE THE COLUMN BELOW AND RETURN THIS FORM TO THE TRANSPORTATION SUPERVISOR | OFFICE USE ONLY |
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| DRIVER: | BUDGET CODE: |
| BUS: | DRIVE TIME OUT: |
| TIME ON DUTY: | WAIT TIME: |
| TIME OF DEPARTURE: | DRIVE TIME BACK: |
| TIME OF ARRIVAL AT DESTINATION: | DRIVE TIME AT REGULAR RATE |
| TIME OF DEPARTURE FOR HOME: | DRIVE TIME AT OVERTIME RATE: |
| TIME OF ARRIVAL AT HOME SCHOOL: | WAITING TIME AT REGULAR RATE: |
| TIME OFF DUTY: | WAITING TIME AT OVERTIME RATE: |
| TOTAL HOURS WORKED: | TOTAL WAGES: |
| ODOMETER READING START: | |
| ODOMETER READING FINISH: | |
| MILES ROUND TRIP: | |
| EXTENUATING CIRCUMSTANCES: (BREAKDOWN, WEATHER, ETC) | |
| ADDITIONAL COMMENTS: | |
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