

NEW SHOREHAM SCHOOL DEPARTMENT
Block Island School
High Street, P.O. Box 1890
Block Island, RI 02807

APPLICATION FOR USE OF SCHOOL MINI BUS

1. Name of organization _____

2. Address of organization _____ Phone _____

3. Responsible person _____ Title _____

4. Date(s) and time of use:

_____, 20____ From _____ To _____

_____, 20____ From _____ To _____

5. Brief description of proposed use and route: _____

6. Remarks: (Please submit any special instructions as required by the above proposed usage.)

I HAVE READ THE CONDITIONS (Policy DEC) AND ACCEPT THE RESPONSIBILITIES IMPOSED.

Signed _____

(Position)

(Today's Date)

Address _____ Phone _____

Do Not Write Below This Line

Superintendent's Comments: _____

Approved () Denied () _____

(Signature)

(Date)

CHARGES:

School Bus Driver Time: _____ hours x \$90.00 (to the closest hour) = _____

Gas Charge: _____ miles x \$_____/mile = _____

Total amount due: _____

PLEASE SUBMIT ALL REQUESTS AT LEAST TWO WEEKS IN ADVANCE.