

Seneca Nation of Indians Department of Education Allegany Territory

Bus Request Form	
Name:	Date of Request:
Organization:	
Responsible Person/Party's Name (Please Print):	
Phone Number:	Emergency Number:
Date Needed:	
Time Needed:	Return Time:
Number of Passengers:	Destination:
Driver Name:	Driver Signature:
Phone Number:	Emergency Number:
Bus Number:	

o 135

All drivers must be on file with the SNI Department of Education and the SNI Transportation Department. Each person must have on file a current Driver abstract, a medical Clearance card, and a valid License (CDL passenger endorsements).

Responsibilities for requesting use of Bus

- 1. _____ The Education Department will notify user of final approval prior to departure date.
- 2. _____ The user is responsible for refueling after trip
- 3. _____ the user is responsible for the cost of fuel
- 4. _____ The user is responsible for all toll charges
- 5. _____ The Adults and chaperones on the bus are responsible for the supervision and safety of **ALL** passengers on the bus. They must be watched at all times. See bus rules.
- 6. _____ All requests must be submitted two weeks prior to the date needed.
- 7. _____ All request submitted must be within a 300 mile radius ROUND TRIP. Any request over the 300 mile radius must be approved by the Education Director.
- 8. _____ The Driver and Users are responsible to clean the bus after returning from a trip. The person signing the usage form is responsible for ALL damages.

I have read all information pertaining to this request and initialed next to each responsibility. I understand the rules and responsibilities for using the Education Department Bus.

By signing below I also take full responsibility for all compliance.

Responsible person/party's signature:	Date:	
Office use only:		
Intake signature:	Date:	
Bus Driver Signature:	Date:	
Education Director Signature:	Date:	
approved		
denied		
Confirmation sent to:	Date:	

Revised 4/15/15