



Cloverdale Unified School District Transportation Request Form

District Bus(s) or Van(s)

Date form completed: _____

Request Information			
Requestor Name:		Phone #:	
School: CHS/Wash/Jeff/District		Department/Organization:	
Requested Dates:	Depart Time:	Return Time:	
Destination address:			
City:	Circle Applicable: # of Vans (1) (2) (3)		# of Buses (1) (2)
Planned stops(Bus only):		Time at stops:	
Driver's name (Vans only):		* Is Driver cleared to drive students: Yes/No (circle)	
Number Of Passengers:	Will you be Transporting Students: Yes/No	Additional Van Drivers:	
Principals Signature: Date:	Transportation Signature: Date:	District Approval & Signature: Date:	
Budget Codes: circle one and enter code number			
Student Body Classroom PTA Athletics CARE District Donations Other:			
Budget Code Number:		Account Balance:	
Transportation/Business Use Only			
Beginning Odometer:		Ending Odometer:	
Miles Driven:			
Vehicle Assigned: #		Bus or Van (circle)	
License Plate #	Mileage Charge \$2.00 x	=	Driver Charge \$25.00 x
Fuel Beginning: ¼, ½, ¾, Full		Fuel Ending: ¼, ½, ¾, Full	
Accounting/Billing:			
Emergency Procedures Completed:	Yes/No	Time to Complete:	
Arrival at site 20 minutes early: 20 min	Stand By Time:	Driving Time:	
Depart Site Time:	Return Time:	Total Trip Time:	
Drivers Signature:		Date:	

See Back Page for Policy and Procedures

Transportation Policy and Procedures

1. Contact your site office to receive a transportation request form
2. Administrative Assistants have access to the Transportation Departments trip calendar to check available dates
3. Completely fill entire form out and turn into the site you are affiliated with.
4. Sites will then send your request through inner-office mail to the Transportation Department
5. Once approved/denied by Transportation you will receive an email confirming or denying your request
6. If vans are requested you will have to make arrangements to pick up vans from the Transportation Department 48 hrs. In advance between the hours of 7:30 and 4:00 pm Monday-Friday, Non-school days prior arrangements must be made 72 hrs in advance.
7. Verification must be made of van drivers who drive students. (See *below)
8. **Changes** that are made less than **48 hours** prior to requested date may not be accommodated
9. **All changes** must go through the Transportation Department who can be reached at **707-894-1905** or by **emailing scaramellr@cusd.org**

* See Kathleen Bunting for the requirements needed to be in compliance with the Districts Policy allow at least 5-7 days for clearance to occur.

Please allow 5 business days to process your Transportation request.

All Confirmations will be done by email so please write clearly so your request will not be delayed.

Forms that are not complete will not be processed and will be returned to the site they were requested from.

Buses carry a maximum of 72 passengers three to a seat.

Vans carry 9 passengers plus the driver