

APPLICATION FOR COMMUNITY USE OF SCHOOL BUS
(Please submit to Central Office five (5) clear working days in advance)

1. Details of Trip:

Community Group Name: _____

DEPARTURE:

RETURN:

Date: _____

Date: _____

Time: _____

Time: _____

Place: _____

Place: _____

Destination: _____

Reason for Trip: _____

Grade(s)/Team(s): _____

Number of Students/Adults (please specify for each): _____

Number and Name(s) of Supervising Adults(s): _____

Driver(s) Name(s): _____

Applicant's Signature _____

Date: _____

2. Payment

Billing Address: _____

Contact Name and Phone Number: _____

- Use of bus @ \$1.45 per km, or the flat rate of \$20.00 whichever is greater.
- Cost of driver for driving and waiting time (includes holiday pay and benefits).
- Additional expenses may include meals, parking, personal kms, garbage bags, etc.
- Time and one half is paid to drivers over 10 hrs. per day.