## Pittsford Central Schools Transportation Department



# Charter Trip Guidelines

### **INFORMATION**

Request for Use of Commercial Carrier forms are required to be in the transportation office <u>three weeks</u> prior to the week of the trip. This form should be used for every field trip where a Charter Bus is hired. One form must be submitted for each trip needed.

Per NYS DOT Law, and Insurance Company requirements <u>all</u> Charter Trips buses must be inspected and cleared by the Transportation department. On receipt of the Use of Commercial Carrier form we will contact the carrier and request the appropriate Certificates of Insurance and Compliance Information. We will also be checking the Carrier's Safety Record. For your information please see the attached list of information we require from the Carrier.

We have a list of approved Charter Carriers for whom we have information on file. Please see the list of current approved Commercial Carriers on the website under For Staff  $\rightarrow$  Field Trips  $\rightarrow$  Field Trip Forms.

Please note the **Request for Use of Commercial Carrier** form is <u>in addition</u> to the Preliminary Field Trip Request form required by the building supervisor. As per District Policy the authorization to approve or deny proposed field trips is as follows:

- 1. Extended trips, out of state or out of country, must be approved by the Board of Education upon recommendation of the Superintendent.
- 2. Overnight trips in which there will be a loss of instructional time must be approved by the Superintendent.
- 3. All other trips must be approved by the Building Principal.

The law requires all transportation that is not by Pittsford School Transportation Buses must be cleared by the transportation department. This includes but is not limited to Limos, Taxis, transfers to/from an Airport, Ski Buses and other Charter Buses.

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### Pittsford Schools

#### **Request for Use of Commercial Carrier**

School:	Destinati	ion:		
Departure Date:	Departure Time:	AM/PM Departu	are Location:	
Return Date (if not same day): Approximate Return Time:AM/PM				
Club/Group:				
Purpose for this request	:			
Name of person making		Date		
Cost of Trip: Group Responsible:				
	o:			
Number of students attending: Number of buses needed:				
Chaperones:				
Name	Cell	Name	Cell	
Name	Cell	Name	Cell	
Principal/Athletic Director Signature Date				
Transportation Department Use Only		If parents are go	ing, please list names below:	
Approved: Director of Transportation				
Date:	_			
Assistant Superintendent for Business Approval:				
			Date	
Policies/Forms/Phillips Rev. 8/15/14				

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# **Charter Form Instructions**

		,
1.	School	The school that is requesting the charter.
2.	Destination	Please indicate exact location. If several points along
L.		the way or address not known then city.
3.	Departure Date	If trip is a multi day trip, and not an overnight, a
	2 cpur ture 2 ute	separate form are necessary for each day.
4. Dei		The time the bus will leave school. The charter bus
	<b>Departure Time</b>	must stop at the bus garage prior to arriving at the
	2 op	school to have district mechanics inspect the bus.
		(Allow 30 min.)
5.	<b>Departure Location</b>	This is the school where the bus will depart from
		initially.
		If overnight, please indicate the return date. Otherwise,
6.	Return Date	put N/A. Overnights require a separate form that must
		be signed by the Superintendent. This form must also
		be submitted with the charter request.
7.	Approximate Return Time	The time the bus is estimated to return to school.
8.	Club	The group/club/sport using the charter bus.
9.	Purpose for this request	Activity or event the club will be travelling to.
10.	Name of person making	Clearly indicate the staff member in charge- in case of
	request	questions regarding trip.
11.	Date	Date request was submitted to administration
12.	School	School of staff member
12	G. A	Cost of charter, as determined by reaching out to
13.	Cost	charter company directly.
14.	Group Responsible	Group using the charter bus
1=	P 1 (C 1 C)	PCSD Budget Code that will be responsible for
15.	<b>Budget Code Charged to</b>	charges of charter bus
		From the list of approved carriers also listed on the
16.	Requested Carrier	PCSD website – this list is updated every year, so
<u> </u>		make sure to check the list before reserving.
17.	Number of Students	Important to provide a good estimate
18.	Number of buses needed	The number of busses that have been reserved.
19.	Chanaronas	Provide names, cell phones for all staff members in
19.	Chaperones	case of emergency or delays from the bus garage.
20.	Administrator's signature:	Signature for approval by building administrator.
	5	Signature for approvar of culturing autiministrator.

Coaches and teachers should call the transportation office at 267-1480 the week prior to their trip to verbally confirm their arrangements.

There must be a Coach or Teacher riding on the bus with the students, both to and from events.

Here is a sample checklist for Teachers/Coaches or Chaperones to be used for each Charter Trip.

The person assigned to overseeing the trip should:

- Verify with the driver that he/she has been to Transportation department for the pre-trip inspection.
- Evaluate the driver for sobriety, exhaustion, and mental state before the trip
- Talk to the driver and monitor behavior while at rest stops. If the chaperone notices erratic behavior; is drinking energy drinks; driving and using a cell phone; speeding; driving erratically or aggressively; wandering out of the lane or is nodding or drowsy notify the person in charge. If the bus is moving ask the driver to pull into the next rest area. At the end of the trip, write a report detailing safety concerns for future reference.
- Don't allow bus changes during the trip unless prior approval has been given by the Transportation department.

Sample Letter we send to Charter Company requesting information.

Hello,

In order for us to continue smooth processing of planned trips with your charter bus company, some of our records need to be updated. Please send the following information:

- A. An up-to-date NYS D.M.V. 19A Annual Affidavit of compliance
- B. Certificate of liability insurance We require proof of liability insurance and workers' compensation with additional insured status for the district. (**Proof of Workers Compensation** is satisfied by State Form **U-26.3**) Coach bus carriers should have a minimum of:
  - \$5,000,000 automobile liability insurance
  - \$1,000,000 each occurrence
  - \$2,000,000 aggregate commercial general liability.
  - The boxes under 'Addl Ins' must be checked for General Liability and Automobile Liability coverages
  - In the description section of the certificate:
    - 1. A statement is required naming the district as 'additional insured on a primary and non-contributory basis.'
    - 2. Include a statement that the umbrella liability follows form over the general and the auto liability policies.
  - Pittsford Central School District should be named as the Certificate Holder
- C. Charter Trip Agreement (Attached)
- D. Pre-trip inspection and driver identity check authorization:
  - A memo or email stating that Pittsford Central School District has your company's permission to perform vehicle inspections and driver identity checks prior to any contracted trips will satisfy this requirement for future trips.
- E. The driver must be 19A certified and school qualified. If there is a driver change, our Transportation Department must be notified ASAP and the abstract for the new driver will need to be sent in time for approval by our Director of Transportation.
- A. Please note that coach bus carriers are prohibited from subcontracting out to another bus company. This should be written into contracts.

We look forward to working with you and we appreciate your willingness to comply with these request.

Thank you,

Betsy Wilson PCSD Transportation

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