## **AVON PUBLIC SCHOOLS**

## Patrick Clark Drive · Avon, MA 02322 · (508) 588-0230 · fax (508) 559-1081

Christine Godino, C.A.G.S. Superintendent

www.avon.k12.ma.us

Karen Romans, M.Ed. Director of Pupil Services

BUS USE REQUEST FORM			
	T BE FILED IN THE CEN S PRIOR TO THE DATE		
Date of Application:			
Name & phone number of Organiza	tion:		
Date of Trip: Destination:			
Purpose of Trip:			
Number of attendees: Nur	nber of buses needed:	Driver:	
Pick-Up Point	Departure Time:	Return Time	:
Trip Supervisor:	No. of Other Adult S	upervisors (if applie	cable)
Organization Representative/ Authorization of Payment:		Date:	
FOR	BUS COORDINATOR USE (	DNLY	
<ul> <li>\$35. per hour per bus</li> <li>Regular school functions conducted under the direction of school principals or teachers.</li> <li>Auxiliary school functions, including the Avon Education Association.</li> <li>Official public functions approved by the Principal.</li> <li>Parent/Teacher Association functions.</li> </ul>	<ul> <li>\$40. per hour per bus</li> <li>Functions associated with loc such as Boy Scouts, Campfire civic and fraternal organizatio</li> </ul>	e Girls, local religious,	<ul> <li>\$75. per hour per bus</li> <li>Functions of the general public.</li> </ul>
The Avon Public Schools reserves the right to lin	attach a surcharge to the school b nited to the increase in the cost of		when warranted by but not
Rate x Number of Buses	s x Number of Hours	\$ = Total Ar	nount Charged
Signature of Transportation Coordinato (Cell number 508-400-4696	r:	Date:	
Driver(s) Assigned:	Driver Phone #		
Approved by Superintendent:		Date:	

Payment for services rendered is due on day of trip and should be made payable to: AVON PUBLIC SCHOOLS