



# Gary Community School Corporation

*Doing What Is Best For Students - Today - Tomorrow - Everyday*

SCHOOL: _____
SCHOOL ACTIVITY: _____

**Marianne Fidishin, Executive Director  
Special Education and Student Services**

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(219) 881-5404

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## GCSC BUS USE LIABILITY AGREEMENT

Adult sponsors and coaches are responsible for bus clean-up following all field trips and students activities. Food and paper waste must be removed and disposed in trash containers at the building sites. Also, any damages that occur to the bus property during an event must be immediately reported to the bus driver. Failure to do so will jeopardize the ability to reserve Gary Community School Corporation transportation in the future.

I, \_\_\_\_\_, acknowledge that I am responsible for the cleanliness of the Gary Community School Corporation bus property. I will ensure that the property is in clean condition at the conclusion of bus event. Additionally, I will immediately report any damage that has occurred to the bus during the scheduled event. Failure to do any of the above will result in the inability to request and/or reserve Gary Community School Corporation bus services.

\_\_\_\_\_  
Signature of Adult Requesting Bus Service

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Transportation Foreman

\_\_\_\_\_  
Date



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## APPLICATION FOR USE OF EXTRA-CURRICULAR PURPOSE VEHICLE

School: \_\_\_\_\_

OR

Department \_\_\_\_\_

DATE: \_\_\_\_\_

SPONSOR AND PHONE NUMBER: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

(DESCRIBE NATURE OF ACTIVITY)

LOCATION OF PICK-UP: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_

(Attach a copy of the "Approved" Field Trip Request to this Form)

TIME OF DEPARTURE: \_\_\_\_\_

TIME OF RETURN: \_\_\_\_\_

NUMBER OF PASSENGERS:    **44 Passengers**     **12 (1) Wheelchair**     **44 Passengers**   
**Please check one (✓)**    **18 Passengers**     **14 Passengers**

FUNDING SOURCE:    **Federal Funds**     **General Fund**     **Check**

**Account No.:** \_\_\_\_\_ / **Check No.** \_\_\_\_\_

APPROVED: \_\_\_\_\_

BUILDING PRINCIPAL

DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

COORDINATOR OF STUDENT TRANSPORTATION

DATE: \_\_\_\_\_

**\*\*A MINIMUM OF FIVE (5) WORKING DAYS IS REQUIRED\*\***

Confirm:    Transportation Available?    Yes \_\_\_\_\_    No \_\_\_\_\_

Cost to School: \_\_\_\_\_

PLEASE SUBMIT WITH THE COORDINATOR OF STUDENT TRANSPORTATION FOR SIGNATURE  
SERVICE CENTER – 620 EAST 10<sup>TH</sup> PLACE – GARY, IN 46402