

## TRANSPORTATION INFORMATION FORM INSTRUCTIONS

This form is for informational data collection purposes only. No part of this form effects payments from the State School Fund. Please include primary county where the school is located and school or district name on top of the form.

### Section 1:

“Standard transportation” is transportation provided to:

- Elementary students who live at least 1 mile from their school
- Secondary students who live at least 1.5 miles from their school
- Pre-school children with disabilities requiring transportation for early intervention services provided pursuant to ORS 343.224 & 343.533.

“Supplemental plan transportation” is transportation that has been approved by the State Board of Education for:

- Elementary students who live less than 1 mile from their school, including special needs
- Secondary students who live less than 1.5 miles from their school, including special needs.

“Other home to school transportation” means transportation not included with standard or supplemental plan transportation.

Lines D-F: Include the grades for each school level

Line G: This is transportation provided by a school district to private/parochial schools. If you are a private or parochial school, please fill out lines A-F for the appropriate grades that your school serves.

### Section 2

Line A is the number of school buses assigned to routes.

Line B is the spare school buses in the fleet. Lines A+B=total school bus fleet

Line C is the number school buses owned by the school or district.

Line D is the number of school buses owned by a contractor for the school or district. Lines C+D=total school bus fleet.

Line E includes all Type 10, 20 and 21 activity vehicles the school or district owns.

Line F includes all Type 10, 20 and 21 activity vehicles owned by a contractor for the school or district. DO NOT include SPAB.

### Section 3

A contractor includes any company that you pay to provide student transportation. Include all companies that provide school bus service, activity vehicle service (type 10) and motor coach service (SPAB). Attach additional pages as necessary.

### Section 4

List the supervisor of transportation, or school liaison of all transportation is provided as a contracted service.

Line A: indicate the percentage of time the named individual spends on transportation issues

Line B: If less than 100% of the time spend on transportation, indicate what other duties the person handles.

### Section 5

Line A: Home to school definitions are the same as above. Fill out standard (1) and supplemental plan transportation (2) and total them on line (3)

Line B: Academic trips are field trips that are an extension of classroom activity for instructional purposes and includes all destinations in state and destinations out of state within 100 miles of the Oregon border.

Line C: Total all of section 5.

### Section 6

Line A: Other home to school definition is the same as above

Line B: Non-academic trips are trips that do not meet the definitions of an academic trip and include athletic and other competition trips. It also includes trips that are more than 100 miles from the Oregon border, regardless of purpose.

Line C: Total all of section 6.

### Section 7

Total annual mileage (section 5 + section 6)

### Section 8

List how many technicians are employed to maintain the fleet. Please report in full time employee (FTE) format.

### Section 9

Indicate who filled out the form and who at the school or district office reviewed it if filled out by a contractor.

County \_\_\_\_\_ School or District Name & No. \_\_\_\_\_

**TRANSPORTATION INFORMATION**  
**for School Year Ending June 30, \_\_\_\_\_**

Retain one copy for school or district files and send one copy to the Department of Education **by September 1.**

1. <b>Number of pupils transported to school daily (a.m.).</b>	Standard Transportation	Supplemental Plan Transportation	Other Home to School Transportation	TOTAL
a. Early intervention/childhood services				
b. Pre-kindergarten				
c. Kindergarten				
d. Elementary grades (Grade _____) to (Grade _____)				
e. Mid./Jr. high grades (Grade _____) to (Grade _____)				
f. H.S. grades (Grade _____) to (Grade _____)				
g. ORS 332.415 (district service to private schools)				
<b>TOTAL ALL STUDENTS</b>				

2. a. Number of buses used on regular daily routes \_\_\_\_\_  
 b. Number of spare school buses \_\_\_\_\_  
 c. Number of district-owned school buses \_\_\_\_\_  
 d. Number of contracted school buses \_\_\_\_\_  
 e. Other district-owned vehicles used to transport pupils (not school buses) \_\_\_\_\_  
 f. Other contracted vehicles used to transport pupils (not school buses) \_\_\_\_\_
3. Name and address of contractor (if any) \_\_\_\_\_
4. Name of transportation supervisor or school or district transportation liaison \_\_\_\_\_  
 a. Percentage of time spent on transportation \_\_\_\_\_ %  
 b. List other duties of supervisor/liaison (i.e., bus driver, principal, teacher, mechanic, etc.) \_\_\_\_\_

5. Home to school and academic miles  
 a. Home to school  
     (1) Standard transportation \_\_\_\_\_  
     (2) Supplemental plan transportation \_\_\_\_\_  
     (3) Total home to school miles (Total of 5a (1) + 5a (2) ) \_\_\_\_\_  
 b. Academic trip mileage \_\_\_\_\_  
 c. Total home to school & academic miles (Total of 5a (3) +5b) \_\_\_\_\_
6. Other home to school and non-academic miles  
 a. Other home to school transportation \_\_\_\_\_  
 b. Non-academic trip miles \_\_\_\_\_  
 c. Total other home to school and non-academic miles \_\_\_\_\_
7. Total annual mileage (Total of 5c + 6c) \_\_\_\_\_

8. How many technicians other than transportation supervisor, are employed? Technician FTE \_\_\_\_\_  
 9. Name and position of person filling out the form: \_\_\_\_\_

10. Name of school or district official reviewing form and position (if contractor filled out form): \_\_\_\_\_