SOUTH COLONIE CENTRAL SCHOOLS 102 LORALEE DRIVE – ALBANY NY 12205

APPLICATION FOR USE OF FACILITIES

Item #35 - USE OF Facilities Form (Long Form)

GENERAL INFORMATION – PART I

Check one:

- ☐ School/Program Request – Requested use open to the public.
- ☐ Not –for-Profit Organization (501(c)(3) – Admission fees/donations are accepted – proceeds used for an educational/charitable purpose, such as Dollars for Scholars, Fire Dept., Booster Clubs, SADD, veterans' organizations, boys & girls clubs, etc.
- ☐ Private Business (for profit) – Admission fees/donations charged/accepted. Proceeds will be used by a for-profit organization.
- ☐ Large events or camps will require District review of any brochures, and surcharges will apply as per District discretion.

Group Name: _____

requests permission to use _____ school/building and its facilities:

_____ Classroom(s) (specify # of rooms needed)
_____ Gymnasium
_____ Auditorium
_____ Stage Lighting/Sound System (complete PART IV)
_____ Fields (specify location) _____
_____ Cafeteria / Cafetorium
_____ Library
_____ Kitchen (complete PART IV – District Personnel Required)
_____ Meeting place to seat #_____

Beginnjng Date: _____ Time: From _____ to _____

Ending Date: _____ Specify day of week _____

Name of Applicant/Person(s) in Charge (Please Print): _____

Daytime Phone: _____ Cell Phone: _____ Est. Number of People (see Rule #1): _____

Type of Activity: _____

NOTE: Normal availability during instructional school year: Monday through Friday – 6:30 p.m. to 10:00 p.m. Saturdays – 8:00 a.m. to 4:00 p.m. Small groups (up to approx. 75) will be given use of the Cafeteria. Larger groups will use the auditorium.

NOTE: Generally, facilities are not available on Sundays or on District holidays without Board of Education approval.

NOTE: While every attempt will be made to accommodate community requests, conflicts can occur. Student activities take precedence in these situations.

GENERAL RULES AND SUPERVISION EXPECTATIONS – PART II

1. Depending on the estimated number of participants, type of activity, past experience with the activity and whether or not the activity is school sponsored, you may be required to submit a detailed plan of supervision prior to approval.
2. Facility use fees and custodial fees (where applicable) will be charged according to the schedule as approved by the Board of Education. Payment for all charges must be received PRIOR to the event or entry will be denied.
3. If school is closed for any reason, the school facilities will not be available. Applicant should check the school district's website or local media sources if there is any question about whether the school is open.
4. As a general rule, application should be filed in the appropriate Building Office four (4) weeks prior to requested date. You will be notified of final approval/denial of your request. A COPY OF THE AUTHORIZED APPROVAL FORM MUST BE AVAILABLE, ON SITE, DURING THE EVENT. IT MUST BE PRODUCED UPON THE REQUEST OF ANY DISTRICT STAFF AS EVIDENCE OF AUTHORIZED USE.
5. School facilities being used by your group must be left in the same condition as when you entered.
6. There shall be no smoking, gambling or use of alcoholic beverages at any time on any of the school premises, including all grounds and parking lots. Any publication of the event, programs, announcements, etc. should include this information
7. The person(s) in charge must be in attendance or make other arrangements with the District Facilities Use Coordinator.

FACILITIES USE SIGN-OFF SHEET – PART III

- Please list adult(s) name/phone #'s who will be responsible for providing the required supervision for the participants including hallways. Person designated must remain on site during entire time allotment.

Name _____ **Phone #** _____

ADDITIONAL ASSISTANCE & GUIDELINES – PART IV

The District will provide up to 15 minutes of assistance for outside groups. (Example: The 15 minutes could include delivery/set-up of a few tables and chairs or other district-owned equipment or rearranging of existing equipment.) Please indicate the type of assistance you will require beyond the 15 minutes and an estimate of the amount of time that will be required. The District will contact you with an estimate of charges beyond the 15 minutes.

Type of assistance required: _____

Equipment requested: _____ District estimate of how much time needed: _____

PLEASE CHECK AND INITIAL EACH OF THE FOLLOWING ITEMS:

_____ I have read the conditions for the use of facilities on this application and agree to abide by them

_____ I have completed **PART IV** if I am requesting assistance/equipment from any District personnel (*Custodians, kitchen staff, or personnel to operate any equipment)* Insurance requirements form must be signed and attached.

_____ I understand that I am responsible for any damage to the school property as a result of my use of the school premises.

_____ I understand that there is no liability or accident insurance provided by the school district for non-school functions. *All activities are non-school unless they are sponsored or co-sponsored by the South Colonie PTA, by a class, or extra-curricular activity.*

_____ **I understand that I have not received final approval to use the facilities until I am notified, in writing, by District personnel.**

The following paragraph does not apply to activities sponsored or co-sponsored by the PTA, a class or by an extra-curricular activity:

Item # 36 - USE FOR SPONSORED EVENTS

South Colonie Central Schools
102 Loralee Drive • Albany, New York 12205 • 518-869-3576

FACILITY USE FOR SCHOOL SPONSORED EVENTS

(Internal Clubs and Extracurricular Activities Only)

Contact Information

Name of Person Making Request
Building/Position
Contact Phone #
E-Mail Address

Event Information

Please fill out the following information completely.

Type of Activity

Date of Activity

Building Requested

Hours Requested

# of People

# of Rooms

Type of Rooms ❑ Auditorium ❑ Cafeteria ❑ Classrooms ❑ Gymnasium* ❑ Other

*If preference, please indicate which gymnasium you are requesting.

Special Equipment or Setup Needed

Additional Support Requested

Description of Activity:

Event Coordinator (if different from above)

Name of Person Making Request
Building/Position
Contact Phone #
E-Mail Address

Agreement and Signature

By submitting this application, I affirm that the above listed event is a school-sponsored event. I am attesting that no outside parties will be using the facility. All participating students must be registered as South Colonie students. Additionally, either the requestor or event coordinator must be present during use of building.

Name (printed)
Signature
Date

It is understood that the school district reserves the right to revoke the permission to use the school premises and to cancel the activity if it is determined that the above information is not accurate.

❑ Initial Request forwarded for District review: _____
School Signature Date

❑ Initial Request Denied: _____
School Signature Date

PLEASE NOTE: Events will not be approved for District holidays or Sundays.

White: Facility Coordinator Canary: Buildings & Grounds Pink: Group Authorization Gold: School of Origination

MAINTENANCE WORK REQUEST
BUILDINGS AND GROUNDS DEPARTMENT
SOUTH COLONIE CENTRAL SCHOOL DISTRICT
102 LORALEE DRIVE, ALBANY, N.Y. 12205

Item #37 - Work Request Form (2 color) 3 Part NCR Form

Date: _____

School _____

Requested By: _____

Description: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____
Principal's Signature

TO BE COMPLETED BY SUPERVISOR OF MAINTENANCE

Work Scheduled For: _____

_____

_____

Note: The above schedule is subject to change due to emergencies and/or other priorities.

_____
Supervisor of Buildings & Grounds

TO BE COMPLETED BY MAINTENANCE MECHANIC:

Work completed on: _____

Description: _____

_____

_____

Total Amount of Hours to Complete Work: _____

Mechanic's Name _____

_____

1. Buildings & Grounds Copy
2. Maintenance Mechanic's Copy
3. COPY TO BE RETAINED BY SCHOOL

BUILDING & GROUNDS COPY

SOUTH COLONIE CENTRAL SCHOOLS
BUS BEHAVIOR REFERRAL

0895

ENT'S NAME _____

OL _____ GRADE & SECTION _____

1st offense ☐ 2nd offense ☐ 3rd offense ☐ information only

has been cited for an infraction of the rules as outlined below:

BUS NUMBER _____
DATE _____
DRIVER _____

BUS RUN ↓
☐ REGULAR ARRIVAL
☐ REGULAR DISMISSAL
☐ EARLY ACTIVITY
☐ LATE ACTIVITY
☐ MID-DAY
☐ OTHER ↓
_____

] EXCESSIVE NOISE LEVEL

| INAPPROPRIATE LANGUAGE

| DISRESPECTFUL OF OTHERS

| DOES NOT REMAIN SEATED

| FIGHTING

VANDALISM

REMOVAL OF ITEMS FROM BACK PACK

EATING/DRINKING

OTHER

#38 - Bus Behavior Referral Form 4 Part NCR (2 color)

_____

_____

_____

_____

_____

_____

_____

_____ _____
's Signature Date

leted by Building Administrator:
OLLOWING DECISION HAS BEEN REACHED IN REGARD TO YOUR CHILD'S INVOLVEMENT IN THE ABOVE OFFENSE

_____

_____

al's Signature _____ Date _____

eted by Parent & returned to Building Administrator:
reviewed the above information and am aware of the School District Transportation Policy. I will review this information with my child.

's Signature _____ Date _____

ncipal
ent
nsportation Director
s Driver

☐ Copy to Director

PRINCIPAL

Their Future is in Our Hands

Transportation Department

"A" (CERTIFIED INSPECTION)
(40 Days or 2,500 miles)

Item #39
"A" Certified Inspection Form
(Pads)
(Yellow)
1 color
Print

Date:	Bus No.	R.O. No.

Current Mileage	
Last LOF Miles	

_____Employee must initial - Note: Item number and discrepancies on reverse.

A. Determine miles since last LOF.
B. Clear any open DVIR's on bus.

C. INTERIOR

	OK	Rep.
1. State inspection certificate - Date:_____		
2. Entry Door Operation and seals		
3. Temp. and oil warning devices		
4. Neutral safety system		
5. Horn, gauges and dash lights		
6. Heater, defroster and fan		
7. Windshield wipers and washer		
8. Indicator lamps		
9. Clutch, gearshift and throttle operation		
10. Clutch and brake pedal play and operation		
11. Steering free play:_____inches		
12. Applied/Unapplied brake test for air/vacuum loss		
13. Low air/vacuum warning buzzer and wigwags		
14. Air governor setting - Low 90lbs. High 120lbs.		
15. Interior lights		
16. Windshield and window glass condition and A.S. Rating		
17. Window mechanism and seals		
18. Seat condition and mounting		
19. Interior body, floor and stanchions		
20. Fire extinguisher date, charge and mounting		
21. Road warning devices and mounting		
22. First aid kit, contents and mounting		
23. Emergency exits - operation warning devices and signage		
24. Interior clean		
25. Backup alarms		

D. EXTERIOR

	OK	Rep.
1. All exterior lights and signals		
2. Stop arm paddle - condition and operation		
3. Mirror condition and mounting		
4. Record body damage on reverse (be specific)		
5. Bumper Bolts		
6. Paint, lettering and appearance		
7. Emergency exits - operation and signage		
8. Axle flange and lug nuts, oil hub		
9. Tire side wall condition, cracked wheels, valve stem and caps, alignment on rear duals		
10. Tread depth LF:_____RF:_____LRO:_____ LRI:_____RRO:_____RRI:_____		
11. Tire inflation: Record and inflate as needed LF:_____RF:_____LRO:_____ LRI:_____RRO:_____RRI:_____		

E. UNDER HOOD

	OK	Rep.
1. Any visible leakage: identify, repair and clean area as needed		
2. Engine oil level		
3. ATF level and condition		
4. Brake fluid		
5. Power steering fluid		
6. All belts - condition, tension and alignment		
7. Component and accessory mounting and connections		
8. All hoses and lines - condition and routing		
9. Coolant level and protection		
10. Pressure/Chemical test cooling system		
11. Water pump, fan clutch play		
12. Air filter condition - per restriction gauge		
13. Carburetor, choke and throttle operation		
14. Distributor cap, coil and ignition wires		
15. PCV system, emission pump		
16. Exhaust system at engine		
17. Battery fluid level mounting		
18. Clean battery and connections		
19. Drain fuel/water separator		
20. Tilt hood mounts		

F. UNDER BUS

	OK	Rep.
1. Kingpin/Ball Joint, wheel bearing play		
2. Tire wear, condition and mounting		
3. Leakage at backing plates and wheel seats		
4. Steering box, mounting, linkage looseness and leaks		
5. Front shocks and mounting		
6. Front springs, bushings and U-bolts		
7. Engine leaks, lines, filters, hoses-mounts		
8. Starter mounting and connections		
9. Exhaust system and mounting		
10. Transmission mounted parking brake		
11. Transmission leaks/standard transmission fluid level-mounts		
12. Output shaft play		
13. Driveshaft, guards, U-joints and center support		
14. Body hold-downs and insulator		
15. Wiring along frame, condition/securement		
16. Differential leaks, fluid level		
17. Pinion play		
18. Breather vent		

(2 Part NCR)

Item # 40 - DVIR FORM

South Colonie Central Schools
Driver Vehicle Inspection Report

Bus #_____ Date_____

Driver 1	Driver 2	Driver 3
ame (print) _____	Name (print) _____	Name (print) _____
Begin Miles_____	Begin Miles_____	Begin Miles_____
End Miles_____	End Miles_____	End Miles_____
Gallons of Fuel_____	Gallons of Fuel_____	Gallons of Fuel_____

Pre-trip Inspection *mark ONLY defective items*	Pre-trip Inspection *mark ONLY defective items*	Pre-trip Inspection *mark ONLY defective items*
Leaks	☐ Leaks	☐ Leaks
Bus Level	☐ Bus Level	☐ Bus Level
Wheels/Tires	☐ Wheels/Tires	☐ Wheels/Tires
Body/Paint	☐ Body/Paint	☐ Body/Paint
Windows	☐ Windows	☐ Windows
Exterior Lights/Reflectors	☐ Exterior Lights/Reflectors	☐ Exterior Lights/Reflectors
Red/Yellow Lights	☐ Red/Yellow Lights	☐ Red/Yellow Lights
Stop Sign/Crossing Gate	☐ Stop Sign/Crossing Gate	☐ Stop Sign/Crossing Gate
Interior Lights	☐ Interior Lights	☐ Interior Lights
Gauges/Wig-wag	☐ Gauges/Wig-wag	☐ Gauges/Wig-wag
Horn	☐ Horn	☐ Horn
Windshield Wipers/Washer	☐ Windshield Wipers/Washer	☐ Windshield Wipers/Washer
Mirrors/Adjustments	☐ Mirrors/Adjustments	☐ Mirrors/Adjustments
2-way Radio	☐ 2-way Radio	☐ 2-way Radio
Heaters/Defrosters/Fans	☐ Heaters/Defrosters/Fans	☐ Heaters/Defrosters/Fans
Emergency Equipment	☐ Emergency Equipment	☐ Emergency Equipment
Service Door/Steps/Handrail	☐ Service Door/Steps/Handrail	☐ Service Door/Steps/Handrail
Seats/Seat Belts	☐ Seats/Seat Belts	☐ Seats/Seat Belts
Emergency Exits	☐ Emergency Exits	☐ Emergency Exits
Cleanliness	☐ Cleanliness	☐ Cleanliness
Steering	☐ Steering	☐ Steering
Service Brake	☐ Service Brake	☐ Service Brake
Parking Brake	☐ Parking Brake	☐ Parking Brake
Exhaust	☐ Exhaust	☐ Exhaust
Lift Deploys Properly	☐ Lift Deploys Properly	☐ Lift Deploys Properly
Lift Wear and Damage	☐ Lift Wear and Damage	☐ Lift Wear and Damage
Seat Belt Cutter	☐ Seat Belt Cutter	☐ Seat Belt Cutter
No Defects	☐ **No Defects**	☐ **No Defects**
REVIEWED PREVIOUS DVIR	☐ **REVIEWED PREVIOUS DVIR**	☐ **REVIEWED PREVIOUS DVIR**
gnature _____	**Signature** _____	**Signature** _____

Post-trip Inspection			Post-trip Inspection			Post-trip Inspection		
	Yes	No		Yes	No		Yes	No
ıy defect noted on trip	☐	☐	Any defect noted on trip	☐	☐	Any defect noted on trip	☐	☐
ıecked bus for students	☐	☐	Checked bus for students	☐	☐	Checked bus for students	☐	☐
gnature _____			**Signature** _____			**Signature** _____		

Driver's Repair Request – *Description of any defects or roadside failures noted above*

_____

_____

_____

Repairs – *Description of repairs completed*

_____

_____

_____

I certify that all safety defects which could affect the safe operation of this vehicle has been repaired

No repair needed Mechanic's Signature _____ Date _____

- NYSDOT Bus Passenger Safety Regulations 17 NYCRR 720, 721, 723 Effective July 18, 1999 -

OFFICE COPY

Item #41

EXTRA TIME SHEET

DRIVER'S NAME _____

DATE _____	BUS NO.	HOURS	COMMENT
MONDAY _____	( )	( )	
TUESDAY _____	( )	( )	
WEDNESDAY _____	( )	( )	
THURSDAY _____	( )	( )	
FRIDAY _____	( )	( )	

REMARKS _____

Item #41 - Extra Time Sheet
(1 color)
(ACTUAL SIZE)

Item #42 - Special Bus Service Request 4 Part NCR Form (2 color Print)

BEAR DOWN! USE BALL POINT OR TYPEWRITER

COMPLETE FORM THOROUGHLY

SOUTH colonie CENTRAL SCHOOLS

Transportation Department

SPECIAL BUS SERVICE REQUEST

IMPORTANT INSTRUCTIONS

1. ALL REQUESTS MUST BE MADE AT LEAST TWO WEEKS IN ADVANCE OF TRIPS.
2. FOR TRIPS SCHEDULED MORE THAN TWO WEEKS IN ADVANCE, PLEASE CALL TRAFFIC SUPERVISOR AT THE BUS GARAGE WITHIN ONE WEEK OF TRIP TO VERIFY.
3. ONLY REQUESTS ORIGINATING FROM SCHOOL PRINCIPAL, DEPARTMENT CHAIRMAN (DISTRICT WIDE) OR BOARD OF EDUCATION WILL BE HONORED.
4. IT IS MOST IMPORTANT THAT ALL AREAS OF THIS FORM BE FILLED OUT.
5. AFTER COMPLETION, BE SURE THE DEPARTMENT CONCERNED RECEIVES THE DESIGNATED COPY.
6. IF TRUCK IS NEEDED, CONTACT THE BUILDINGS AND GROUNDS DEPARTMENT.

DATE OF REQUEST _____

DATE OF TRIP _____

NUMBER OF BUSES NEEDED _____

NO. OF PERSONS TO BE TRANSPORTED _____

PLEASE INDICATE PURPOSE OF THIS TRIP: _____

OTHER REMARKS: _____

PICK UP POINTS

LV. _____ TIME _____

LV. _____ TIME _____

LV. _____ TIME _____

LV. _____ TIME _____

PERSON(S) IN CHARGE: _____

NUMBER OF CHAPERONES NEEDED: _____

HOME PHONE NUMBER: _____

RETURN TRIP

LV. _____ TIME _____

LV. _____ TIME _____

LV. _____ TIME _____

LV. _____ TIME _____

FIELD TRIPS MUST BE BACK TO SCHOOL BY 1:30 PM - NEXT PICK UP APPROX. 4:00 PM

APPROVED BY _____

TITLE _____ DATE _____

THIS SPACE TO BE USED ONLY BY TRAFFIC SUPERVISOR

BUS NUMBERS ASSIGNED: _____

TRANSPORTATION DEPARTMENT

Item #43 - Mechanic's Worksheet White (Pad Form)

Vehicle No. _____ Date _____ Odometer _____ E/S _____

Mechanic 1 Code _____ Labor _____ Mechanic 2 Code _____ Labor _____

MISCELLANEOUS 00

010 Degreasing
020 D.O.T. Inspection
030 Driving
040 Paperwork
050 Plow Repairs
060 Road Call
070 Run for Parts
080 Scheduled Inspection (See 920)
090 Towing
095 Towing - Outside
099 Misc.

BODY 100

105 Body Mounts
110 Body - Outside
115 Cushions
120 Door
125 Door Controls
130 Emergency Equipment
135 Floor
140 Glass
145 Heaters
150 Hoses
155 Lenses
160 Mirrors
165 Seat Frames
170 Steps
175 Washers
180 Windshields
185 Wipers
199 Misc. Body

BRAKES 200

201 Adjustments
202 Air Chamber
205 Air Compressor
208 Air Lines
210 Drums - Front
213 Drums - Front - Outside
215 Drums - Rear
218 Drums - Rear - Outside
220 Hydraulic Vacuum
225 Lines
230 Linings - Front
235 Linings - Rear
240 Master Cylinder
250 Shoes - Front

BRAKES 200 (cont.)

255 Shoes - Rear
260 Valves - Front
265 Valves - Rear
270 Wheel Bearings Front Inner
271 Wheel Bearings Front Outer
275 Wheel Bearings Rear Inner
276 Wheel Bearings Rear Outer
280 Wheel Cylinder
290 Wheel Seals - Front
295 Wheel Seals - Rear
299 Misc. Brakes/Wheels

ELECTRICAL 300

310 Alternator
320 Battery
330 Buzzer
340 Lights
350 Motor
360 Starter
370 Switches
380 Wet Ignition
399 Misc. Electrical

STEERING 400

410 King Pins
420 Power Steering Cylinder
430 Power Steering Pump
440 Steering Box
450 Steering - Outside
460 Tie Rods
499 Misc. Steering

ENGINE 500

510 Belts
520 Block Heater
530 Engine - Outside
540 Fuel Systems
542 Carburetor
544 Fuel Filter
546 Fuel Injector
548 Fuel Pump
550 Motor Mounts
560 Oil Change
565 Oil Added

ENGINE 500 (cont.)

570 Radiator
575 Shutters
580 Tune Up
590 Water Pump
599 Misc. Engine

TRANSMISSION 600

610 Clutch
620 Flex Plate
630 Modulator
640 Odometer
650 Service
660 Shift Linkage
670 Tachometer
680 Transmission Mounts
690 Transmission - Outside
699 Misc. Transmission

DRIVELINE 700

710 Carrier Bearing
730 Differential
750 Emergency Brake
770 U-Joint
799 Misc. Driveline

TIRES 800

810 Left Front - New
812 Left Front - Used
816 Left Front - Normal Wear
818 Left Front - Road Failure
820 Right Front - New
822 Right Front - Used
826 Right Front - Normal Wear
828 Right Front - Road Failure
830 Inside Left Rear - New
831 Inside Left Rear - Used
832 Inside Left Rear - Retread
834 Inside Left Rear - Flat Rep
836 Inside Left Rear Normal Wear
838 Inside Left Rear Road Failure
840 Inside Right Rear - New
841 Inside Right Rear - Used
842 Inside Right Rear Retread
844 Inside Right Rear Flat Rep

COLONIE CENTRAL SCHOOLS
SPECIAL BUS TRIP REPORT

DATE _____

DRIVER _____ BUS NO. _____
SIGNATURE

NAME OF GROUP OR – REASON FOR RUN _____

SCHOOL _____ DESTINATION _____

CHECK ONE
☐ A.M. ☐ P.M.

STARTING TIME (BUS LEAVES GARAGE) _____

CHECK ONE
☐ A.M. ☐ P.M.

ENDING TIME (BUS RETURNS TO GARAGE) _____

ACTUAL DRIVING TIME _____ HOURS

SPEEDOMETER FINISH	
SPEEDOMETER START	
MILES COMPLETED	

DO NOT WRITE IN SHADED AREA ↓

MINIMUM HOURS PAID _____

APPROVED BY _____
TRAFFIC SUPERVISOR

REMARKS _____

BEAR DOWN! USE BALL POINT OR TYPEWRITE

TRAFFIC SUPERVISOR

Item # 44- Special Bus Trip Report Form - 2 Part NCR Form (2 color print)

Item #45 (laminated) Green

For Your Safety

1. lease Keep Noise Level Down
2. Bad Language is Not Allowed
3. Be Courteous - Respect Each Other
4. Stay in Your Seat - Keep Aisle Clear
5. Keep Head, Hands and Feet Inside the Bus
6. Fighting is Not Allowed
7. Vandalism Will Not Be Tolerated
8. Back Packs Must Remain Closed and on Your Lap at All Times
9. Help Driver Keep Bus Clean - No Food or Drink
10. No Unauthorized Passengers or Stops

Item #46 - Certified "B" Braise Inspection Form (Blue)

Their Future is in Our Hands

TRANSPORTATION DEPARTMENT

CERTIFIED "B" BRAKE INSPECTION (AIR BRAKES)
ONCE A YEAR - 10,000-15,000 MILES

DATE	BUS#	R O NUMBER	MILEAGE	DATE OF LAST BRAKE REPAIR	MILEAGE OF LAST BRAKE INSPECTION

1. Remove wheels and drums (do not blow out brake components with air).
2. Check wheel seals for leakage - report condition
3. Inspect brake drums and rotor.
4. MIC all drums or rotors and record final readings.

   L.F. _____ R.F. _____ L.R. _____ R.R. _____
5. Inspect all brake linings-disc pads.
6. Record lining thickness (measure to the rivet/bolt head using a tread depth gauge). Record depth in 32nds of an inch.

   L.F._____ 32nd R.F._____ 32nd L.R._____ 32nd R.R._____ 32nd
7. Replace lining when required.
8. Inspect the brake components.
9. Replace brake diaphragms when required.

   L.F. _____ R.F. _____ L.R. _____ R.R. _____
10. Replace brake chambers when required.

    L.F. _____ R.F. _____ L.R. _____ R.R. _____
11. Lubricate cams and rollers and wheel bearing as necessary.
12. Before installing drums, work must be inspected and approved.

    Supervisor's signature of approval _____
13. Reinstall drums and wheels.
14. Adjust the brakes.
15. Air leakage check - record any loss

    Unapplied _____PPM Applied _____ PPM
16. Road Test.

_____ _____

Signature of Mechanic ***Signature of Supervisor***

Maximum Diameter Thickness	Front Drum Rotor Part #	Front Axle Seal #	Maximum Diameter Thickness	Rear Drum Rotor Part #	Rear Axle Seal #

Front Lining Pad Part #	Front Caliper Part #	Front Wheel Cylinder Diaphragm #	Rear Lining Pad Part #	Rear Caliper Part #	Rear Wheel Cyclinder Diaphragm #

Item # 47- Window BUS CARD (1 color Print)

BUS

REMOVE TO EXPOSE ADHESIVE

REMOVE TO EXPOSE ADHESIVE

REMOVE TO EXPOSE ADHESIVE

REMOVE TO EXPOSE ADHESIVE

Item #18 - Non-Public Transportation Forms (2 Part NCR) (1 color INK)

SOUTH COLONIE TRANSPORTATION DEPARTMENT

2 Winston Place, Albany, NY 12205
Phone (518) 869-8527 Fax (518) 869-0355

NON-PUBLIC SCHOOL ANNUAL TRANSPORTATION

MUST BE RETURNED TO SOUTH COLONIE TRANSPORTATION DEPT. BY APRIL 1ST

PLEASE PRINT!

Date ___/___/___

School Name_____

Student Name _____ (Last) _____ (First)

Home Address _____ (House #) _____ (Street Name) _____ (Apt. #)

Grade _____ _____ (City), New York 12_____ (Zip Code)

Home Phone #_____ Birth Date___/___/___ (M D Y) Sex M or F (Circle One)

Contact Information:
Parents:

_____ (Mother's Last Name) _____ (Mother's First Name) _____ (Work Phone #)

_____ (Father's Last Name) _____ (Father's First Name) _____ (Work Phone #)

Guardian_____ (Guardian's Last Name) _____ (Guardian's First Name) _____ (Guardian's Work Phone #)

Please schedule my child for transportation:

☐ AM Only ☐ PM Only ☐ Both AM & PM
(Please check one of the above boxes)

Students may be picked up or dropped off at **APPROVED** child care locations if the request is received at the transportation department by April 1. However, pick-up and/or drop-off must occur at the **SAME ADDRESS** for **all** five days of the week and be **within** district boundaries.

AM Pick-Up Address _____ (House #) _____ (Street Name)

PM Drop-Off Address _____ (House #) _____ (Street Name)

Daycare Provider: _____ Phone # _____

I have read and understand all of the information provided on this transportation request form. I certify that I am a resident of the South Colonie School District and am entitled to receive transportation services. I understand that this request is required to be turned in by April 1 of each year or within 30 days of establishing district residency.

_____ Date ___/___/___
Signature of Parent/Guardian

District Use

STAMP DATE RECEIVED

White - Transportation Copy Yellow - Parent Copy

REMOVE TO EXPOSE ADHESIVE

Item #49 -
Bus Card
(Blank)

REMOVE TO EXPOSE ADHESIVE

Item #50 -
Emergency Phone Card
(Color PRINT)

SOUTH COLONIE CENTRAL SCHOOLS
TRANSPORTATION DEPARTMENT
EMERGENCY TELEPHONES

#50

OFFICE	869-8527	
GARAGE	869-6071	
TUNNY	869-7404	Home Number
	414-1528	Cell Number
DITTMER	378-7711	Cell Number
DOWEN	884-8618	Home Number
	378-7710	Cell Number

Area Code: 518

Item #51 - Safe Driving Awards

SOUTH COLONIE CENTRAL SCHOOLS

Item 51-
Safe Driving Awards

SAFE DRIVING AWARD

This is to Certify that

_____

has completed _____ years of driving a school bus without a charged accident for the period beginning September 1 and ending August 31.

Given this _____

day of _____ 20_____

in witness whereof we have
this day set our hand and seal.

_____
President, Board of Education

_____
Chairman, Transportation Committee
Board of Education

_____
Superintendent

Item #52 -
Schoolbus Accident Form
(2 color print)
(NCR)

SOUTH COLONIE CENTRAL SCHOOLS
TRANSPORTATION DEPARTMENT
ALBANY, NEW YORK
Schoolbus Accident Passenger Form

ate _____ Time _____ AM/PM Bus # _____ School _____

lame _____ Address _____ D.O.B. _____ Age ____
lame _____ Address _____ D.O.B. _____ Age ____
lame _____ Address _____ D.O.B. _____ Age ____
lame _____ Address _____ D.O.B. _____ Age ____
lame _____ Address _____ D.O.B. _____ Age ____
lame _____ Address _____ D.O.B. _____ Age ____
lame _____ Address _____ D.O.B. _____ Age ____
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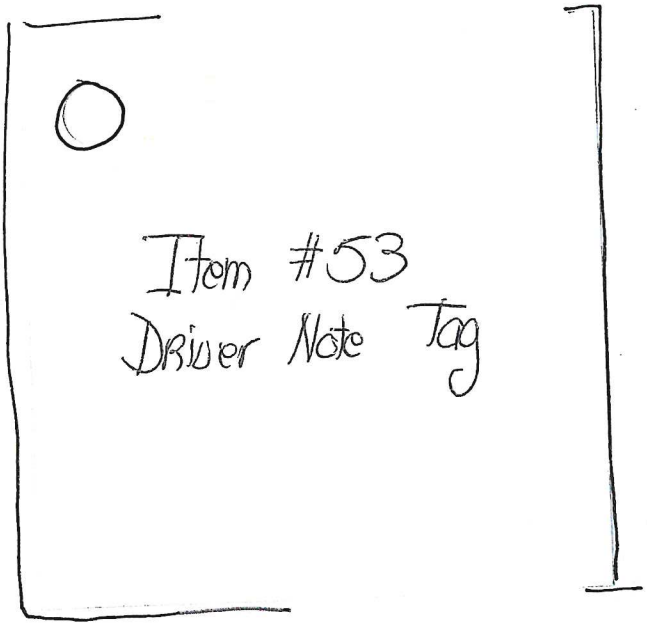
lame _____ Address _____ D.O.B. _____ Age ____
lame _____ Address _____ D.O.B. _____ Age ____
lame _____ Address _____ D.O.B. _____ Age ____
lame _____ Address _____ D.O.B. _____ Age ____

R89

POLICE DEPT.



Item #53 -
Driver Note Tag
(upper left
hole punch)

(actual size)

SOUTH COLONIE TRANSPORTATION
Radio System Guide #54
Base: **TRANSCOM**
Talk Groups:

SC BUS	**MAIN CHANNEL**
COM CENT	**POLICE-FIRE-EMS**
REGROUP	**USED IN EMERGENCIES**
REG 30 A	**BUS TO BUS (out of area)**

Item #54 -
Radio System
Guide Card
(one color)

Item #55 - Anti-Bullying Rules Label (Yellow - Laminated)

School Bus Anti-Bullying Rules

1. We will not bully others.
2. We will try to help students who are bullied.
3. We will try to include students who are left out.
4. If we know someone is being bullied, we will tell the driver and an adult at home.

Item #56 Bus Bullying Incident Form 4 Part NCR Form

South Colonie Central Schools

Bus Bullying Incident Form

Student Name: _____ School: _____

Driver: _____ Time: _____

Bus #: _____ Date: _____

Bus Run:
- ❑ Regular Arrival
- ❑ Regular Dismissal
- ❑ Mid-Day
- ❑ Early Activity
- ❑ Late Activity
- ❑ Other _____

Please check if applicable: ❑ Witnessed by me ❑ Reported to me by student(s)

Description of Incident:

_____

_____

_____

_____

BELOW THIS LINE – ADMINISTRATOR ONLY

OUTCOME *(Completed by Building Administrator)*:

Description of Consequence:

_____

_____

_____

_____

(Check any that may apply)

- ❑ Classroom teacher notified
- ❑ Parents notified by phone
- ❑ Letter sent home to parent (Date sent _____)
- ❑ Students involved were debriefed
- ❑ Classroom discussion
- ❑ Conference with principal

Verbal:	❑ Level 1	❑ Level 2	❑ Level 3
Physical:	❑ Level 1	❑ Level 2	❑ Level 3
Social:	❑ Level 1	❑ Level 2	❑ Level 3
Sexual:	❑ Level 1	❑ Level 2	❑ Level 3

WHITE: Principal YELLOW: Parent PINK: Transportation Director GOLDENROD: Bus Driver

Item #57 -
Pinfeed Papers
(Blank)

Item # 58 (New)
Business Reply Exit Survey CARDS
4" X 6"
2 SIDED
Black INK
(Human Resource Use)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 3276 ALBANY NY
POSTAGE WILL BE PAID BY ADDRESSEE

SOUTH COLONIE SCHOOL DISTRICT
102 LORALEE DR
ALBANY NY 12214-5404

1351

SENIOR CITIZEN COURTESY CARD

for

The North and South Colonie School Districts

M_____is

entitled to attend, at no cost, events sponsored by the schools in the Town of Colonie.

Superintendent, North Colonie

Superintendent, South Colonie

1. The holder of this card shall by entitled to attend, at no cost, the various sports, musicals, theatricals, and other activities sponsored by schools in the Town of Colonie.

2. When the holder of a Senior Citizen Courtesy Card wishes to attend an event where seats are reserved, he/she must call the school at least seven calendar days prior to the event in order to reserve the requested seats.

3. The senior citizen courtesy card is not transferable.

4. Holders of a senior citizen courtesy card are urged to arrive at least 15 minutes before the game time for basketball and football games.

Item #59
Senior Courtesy Card