



School Transportation Fund Application Form

Amount Requested: \$ _____

How was this amount estimated?

___ flat rate ___ mileage rate with driver payment

(Must be within 25 mile radius of the Oneida Community Mansion House)

School District: _____

Teacher Name: _____

Class: _____ (e.g. 4th grade History)

Requested date of visit: _____ Length of visit: _____

Number of Students: _____ Students with special needs: _____

Payment due date: _____ Payable to: _____

Approved by: _____ Date: _____

School Principal

The Oneida Community Mansion House can accommodate up to 35 students with an appropriate number of adult chaperones. Admission is \$3/student; teachers and adult chaperones are admitted free.

170 Kenwood Ave., Oneida, NY 13421, **Phone** 315.363.0745 **Fax** 315.361.4580