**BUS FIELD TRIP REQUEST**

**PLEASE PRINT**
Chico Unified School District/Transportation Attn: Ken Gregory
2455 Carmichael Drive, Chico, California 95928
(530) 891-3097

**SUBMIT COMPLETED FORM AT LEAST 2 WEEKS IN ADVANCE**

<table>
<thead>
<tr>
<th>Requested Date</th>
<th>School</th>
<th>Destination</th>
<th>Purpose of Trip</th>
<th>Number of Passengers (Max 78 K-2nd/Max 65 3rd+ per bus)</th>
<th>Specific Pick-up Location</th>
<th>Number of Buses Requested</th>
<th>Grades</th>
<th>Need bus to stay with trip?</th>
<th>YES</th>
<th>NO</th>
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</table>

- Number of Passengers (Max 78 K-2nd/Max 65 3rd+ per bus)
  - Max 78 K-2nd
  - Max 65 3rd+

- Number of Buses Requested
  - 1
  - 2
  - 3

- Grades

- Need bus to stay with trip?
  - YES
  - NO

- Note: shuttles approved by Transp.

**arrive at school**

- Bus 1
  - *allow 15 min. load time*
- Bus 2

**leave school**

- *allow 15 min. load time

**arrive at destination**

**leave destination**

**return to school**

- Dist. Acct. Code# (complete 26 digit account code - use object code 5720)
- or
- NON DISTRICT: Billing Name/Address/Contact Person/Phone:

- Requisitioner (person in charge of scheduling the trip) & Phone Number:

- Name of the Adult Chaperon who will be Riding on the Bus & Phone Number:

- Date Submitted

- Signature of Principal/Designee/Management Representative
  - Approved
  - Denied

- Signature of Transportation Staff

**Revised September 2016**

- Signature of Principal/Designee/Management Representative
  - Approved
  - Denied

- Signature of Transportation Staff

**Revised September 2016**