## PLEASE PRINT

Chico Unified School District/Transportation Attn: Tera Carter 2455 Carmichael Drive, Chico, California 95928 (530) 891-3097

BUS FIELD TRIP REQUEST

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## BUS FIELD TRIP REQUEST

SUBMIT COMPLETED FORM AT LEAST 2 WEEKS IN ADVANCE		SUBMIT COMPLETED FORM AT LEAST 2 WEEKS IN ADVANCE	
	Requested Date		Requested Date
School	of Trip	School	of Trip
Destination		Destination	
Purpose of Trip		Purpose of Trip	
Specific Pick-up Location		Specific Pick-up Location	
Number of Passengers (Max 78 K-2nd/Max 65 3rd+ per bus)		Number of Passengers (Max 78 K-2nd/Max 65 3rd+ per bus)	
Number of Buses Requested 1 2 3 (a	circle one) Grades	Number of Buses Requested 1 2	3 (circle one) Grades
Need bus to stay with trip?	NO Note: shuttles approved by Transp.	Need bus to stay with trip?	NO Note: shuttles approved by Transp.
arrive at school Bus 1	Bus 2	arrive at school Bus 1	Bus 2
leave school *  * allow 15 min. load time		leave school * * allow 15 min. load time	
arrive at destination		arrive at destination	
leave destination		leave destination	
return to school	<u></u>	return to school	<u></u>
Dist. Acct. Code#		Dist. Acct. Code#	
or (complete 26 digit NON DISTRICT: Billing Name/Address/C	t account code - use object code 5720) Contact Person/Phone:	or (complete 26 d	ligit account code - use object code 5720) s/Contact Person/Phone:
Requisitioner (person in charge of scheduling the trip) & Phone Number:		Requisitioner (person in charge of scheduling the trip) & Phone Number:	
Name of the Adult Chaperon who will be Riding on the Bus & Phone Number:		Name of the Adult Chaperon who will be Riding on the Bus & Phone Number:	
Date Submitted			Date Submitted
Signature of Principal/Designee/Management Representative		Signature of Principal/Designee/Management Representative	
	Approved Denied	. <u></u>	Approved Denied
Signature of Transportation Staff	Revised April 2024	Signature of Transportation Staff	Revised April 2024