

PLEASE PRINT

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

BUS FIELD TRIP REQUEST

SUBMIT COMPLETED FORM AT LEAST 2 WEEKS IN ADVANCE

School _____ Requested Date _____
of Trip _____
Destination _____
Purpose of Trip _____
Specific Pick-up Location _____
Number of Passengers (Max 78 K-2nd/Max 65 3rd+ per bus) _____
Number of Buses Requested 1 2 3 (circle one) Grades _____
Need bus to stay with trip? ☐ YES ☐ NO Note: shuttles approved by Transp.
arrive at school Bus 1 _____ Bus 2 _____
leave school * _____
* allow 15 min. load time _____
arrive at destination _____
leave destination _____
return to school _____
☐ Dist. Acct. Code# _____
or (complete 26 digit account code - use object code 5720)
☐ 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 _____

Signature of Transportation Staff _____
☐ Approved ☐ Denied

Revised April 2024

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