

REQUEST FOR CHARTERED TRANSPORTATION	SCHOOL:	DATE REQUEST SUBMISSION:
	TEACHER IN CHARGE:	
	ACTIVITY DESCRIPTION:	
	ACCOUNT CODE & FUNDING SOURCE:	

NOTE: A REQUEST FOR CHARTERED TRANSPORTATION MUST BE RECEIVED IN YOUR EXECUTIVE DIRECTOR'S OFFICE AT LEAST TWENTY (25) SCHOOL DAYS PRIOR TO THE TRIP

RETAIN ONE COPY AND FORWARD THE ORIGINAL WITH THE STUDY TRIP REQUEST FORM TO YOUR EXECUTIVE DIRECTOR.

DATE		TRIP DESTINATION (SPECIFIC LOCATION) Address, City, Zip (PLEASE GIVE COMPLETE ADDRESS)	TIME	
DAY OF WEEK	MONTH, DAY AND YEAR		LEAVE FROM SCHOOL	RETURN TO SCHOOL

NUMBER OF BUSES NEEDED: _____
NUMBER OF PARTICIPANTS: _____ **ADULTS:** _____ **STUDENTS:** _____

IS A WHEELCHAIR BUS NEEDED FOR THIS TRIP? YES _____ **NO** _____

NUMBER OF STUDENTS IN WHEELCHAIR: _____

SPECIAL ED ACCOUNT CODE: _____

SPECIAL ED FUNDING AUTHORIZATION: _____

SPECIAL INSTRUCTIONS:

APPROVALS:

PRINCIPAL/DEPT. HEAD: _____

EXECUTIVE DIRECTOR: _____

FUNDING AUTHORIZATION: _____

Please note: in accordance with education code section 39831.5 safety instructions will be given to all students regardless of grade level prior to departure on each school activity trip.

FOR TRANSPORTATION DEPARTMENT USE ONLY			
DATE BOOKED _____	ESTIMATE _____		
VENDOR _____	INVOICE PAID _____		