

**CALAVERAS UNIFIED SCHOOL DISTRICT
SPECIAL TRIP REQUEST**

FOR TRANSPORTATION OFFICE USE ONLY:

Trip Number _____
Vehicle Number _____
Driver _____
Date Received _____

FOR SCHOOL USE:

Requesting School: _____ ☐ Team ☐ Grade ☐ Organization ☐ Department
Team/Grade/Organization/Department Name: _____

Number of passengers: _____ ☐ Bus Number of buses needed: _____
☐ Special Needs - Number of wheelchairs: _____ ☐ Van Number of vans needed: _____

Name of person requesting trip: _____ Number of chaperones: _____

Trip date: _____ Trip return date: _____
Departure time from school: _____ Arrival time at destination: _____
Departure time from destination: _____ Arrival time at school: _____
Trip Destination Town: _____ Trip Destination Place: _____

Additional Information (extra pickup/drop off stops, meal stops, etc., must be approved)

Special Trip Requests **must be received** by the Transportation Department **20 working days** before the date of trip. If not received **20 working days** prior to the trip, availability of a vehicle/driver may be in question. **Please confirm** the trip with the Transportation Department at least **three days** before the date of the trip.

Please advise all passengers that bus behavior rules on Special Trips are the same as route rules and will be enforced in the same manner.

Trip requested by: _____ Date: _____
Approved by: _____ Date: _____

Invoice to: Name _____
Address _____
City _____ State _____ Zip Code _____

(Enter account number without periods.)

Account number: _____ Approved by: _____