

TODAY'S DATE

LOS ANGELES UNIFIED SCHOOL DISTRICT
BUSINESS SERVICES DIVISION - TRANSPORTATION BRANCH

FOR OFFICE USE
JOB NO. _____

(mm/dd/yy)

FUND _____

APPLICATION FOR AUXILIARY TRANSPORTATION/TRIP(S)

AREA _____

SCHOOL _____

PROGRAM CODE _____

REQUESTING SCHOOL'S NAME _____

SCHOOL PHONE NUMBER & EXT. _____

LOCATION CODE _____

SCHOOL FAX NUMBER _____ LOCAL DISTRICT _____ CALENDAR TRACK _____ SCHOOL TYPE _____
1* 2* 3* 4* 5* 6* 7* 8* 9* 10* 11* 12*
CHECK GRADES

* MR. _____
* MS. _____
RESPONSIBLE ADMINISTRATOR _____ RESPONSIBLE ADMINISTRATOR E-MAIL ADDRESS _____

* MR. _____
* MS. _____
CONTACT PERSON _____ CONTACT PERSON E-MAIL ADDRESS _____

DATE(S) _____
DATE OF TRIP (OR OF 1ST TRIP) (mm/dd/yy) _____ DATE OF LAST TRIP (IF A MULTI DATE TRIP) (mm/dd/yy) _____
* * * * *
M T W TH F SA SU
CHECK DAY(S) OF TRIP(S)

QUESTIONS

1 IF THIS IS A SCHOOL JOURNEY TRIP, LIST 3 CHOICES IN COMMENT SECTION (FROM FIELD TRIP HANDBOOK, APPENDIX D, PART A).

2 HAS APPOINTMENT BEEN MADE BY SCHOOL WITH THE SITE? *YES *NO TIME OF APPT. _____

3 DATES PREFERRED (mm/dd/yy) (mm/dd/yy) (mm/dd/yy) (mm/dd/yy) (mm/dd/yy) (mm/dd/yy)

4 DATES TO AVOID (mm/dd/yy) (mm/dd/yy) (mm/dd/yy) (mm/dd/yy) (mm/dd/yy) (mm/dd/yy)

COMMENTS/CHOICES _____

DEPART FROM/FIRST PICK UP _____

SCHOOL NAME (OR LOCATION NAME AND ADDRESS) _____

ADDRESS, CITY, ZIP _____

DESTINATION NAME _____

LOCATION CODE (IF APPLICABLE) _____ SCHOOL OR PLACE NAME _____ PHONE NO. & EXT. _____

ADDRESS _____

CITY _____

ZIP _____

COMMENTS _____

SPECIFIC DROP-OFF INSTRUCTIONS, ETC. _____


TIMES

* AM * PM * AM * PM * AM * PM * AM * PM
REQUESTED PICK UP TIME (hh:mm) REQUESTED ARRIVAL TIME (hh:mm) REQUESTED DEPARTURE TIME (hh:mm) REQUESTED RETURN TIME (hh:mm)

ALL TRIPS MUST BE BETWEEN THE HOURS OF 09:00 AM - 2:00 PM UNLESS APPROVED IN ADVANCE BY THE TRANSPORTATION BRANCH.

OF PUPILS # OF ADULTS # OF WHEELCHAIRS # OF BUSES IS THIS A ONE-WAY TRIP? * YES * NO

CANNOT EXCEED 78 PASSENGERS PER BUS (3 STUDENTS TO A SEAT).

SIGNATURE  _____ E-MAIL ADDRESS _____
PRINCIPAL/ADMINISTRATOR

NOTE:
Refer to *Field Trip Handbook* for detailed instructions on arranging trips. Submit this completed form **15** working days before the requested trip date to enable buses to be allocated in a timely and cost-efficient manner and trip confirmations to be received by schools prior to the day of the trip.

FOR TRANSPORTATION USE ONLY:

INPUT DATE _____ ROUTE #(S) _____ BUSES ALLOCATED _____
TRIP DATE _____
INPUT BY _____ D# _____
DISPATCHER REVIEW _____ A# _____

Submit Signed Original to Transportation Branch. Retain a Signed Copy at School.