

Instructional Trip Request (ITR) Packet – Menu Page

1. Overnight Instructional Trip Request Instructions (3 pages)

Step by step instructions on how to complete the Instructional Trip Request

Sample Itinerary

2. Instructional or Athletic Trip Request Form (3 pages)

3. Overnight Instructional Trip Expectations Checklist

AP and Trip Organizer to review and sign

4. Parent/Guardian Instructional Trip Authorization and Emergency Procedure

To be completed and signed by parent and teachers

Emergency Procedure & Insurance Verification

Medication in School Form – to be completed if medication will be taken on the trip

5. Overnight Trip Request Chaperone Clearance

Process on how to become an approved chaperone

6. Student Alternate Transportation Form: Designation of Adult Driver

Use when a parent/guardian designates an adult driver to drive their student to/from a school sponsored activity

7. Volunteer Personal Automobile Use Form

Use when volunteering to transport students in your vehicle

8. Charter Bus Use

If using a Charter Bus this Google Form must be completed

Overnight Instructional Trip Request Instructions

If this paperwork is not submitted in enough time to obtain Board Approval, the site principal must call the superintendent to explain the late submission and ask for approval BEFORE the date of departure.

Please contact Carol Pesce in Educational Services if you have any questions: cpesce@eduhd.k12.ca.us

1. Pre-Approval & Compliance

- ☐ Contact the **Principal/Designee** before making arrangements
 - ☐ Submit trip request **at least 21 days before activity**
 - ☐ If **over 300 miles, overnight, or out of state/country**, submit **2 months prior** for Board approval
 - ☐ No student excluded due to lack of funds – complete the “**Other Support**” section (p.2)
 - ☐ Attach **detailed itinerary**, including hotel/airline details, and detailed daily activities and timeframes (p.2 or an attached document)
 - ☐ Outline **educational objectives** (p.2)
-

2. Completing the Form

(All forms must be typed, handwritten forms will not be accepted)

- ☐ **School Name** (Check: EDHS, IHS, ORHS, PHS, UMHS, PCA)
- ☐ **Activity Name & Location** (City, State)
- ☐ **Sponsoring Teacher/Organization**
- ☐ **Trip Dates & Times**
- ☐ **Pickup & Return Details**
- ☐ **Estimated Total Hours & Missed Instructional Days**
- ☐ **Trip Miles** (Check one: ☐ Within 300 miles ☐ Beyond 300 miles ☐ Out of State/Country)

Transportation:

- ☐ Select **method** (☐ District ☐ Commercial ☐ Private ☐ Other ☐ Van)
- ☐ If under **300 miles & over 24 students**, Transportation Office must be given a quote opportunity
- ☐ Submit Request for Transportation Form (if needed)

(The District Office staff will get transportation's signature)

Supervision:

- ☐ List **all supervising staff/adults** (certificated, classified, coaches, parents, volunteers)
 - ALL ADULTS PARTICIPATING IN ANY ASPECT OF THE TRIP MUST BE CLEARED BY HR**
 - ☐ **Required ratio 15 students : 1 adult**
 - ☐ **All non-EDHUSD staff must be cleared by HR to chaperone**
-

3. Trip Costs & Budgeting

- ☐ Identify **funding sources**:
 - ☐ Fundraising
 - ☐ Sponsored Organization
 - ☐ Budget Allocation
 - ☐ Other (explain)
 - ☐ **Enter all costs** (No blank spaces, so enter \$0 or NA if necessary):
 - ☐ Transportation & Driver Time
 - ☐ Lodging & Meals
 - ☐ Entry/Registration Fees
 - ☐ Cost per Student
 - ☐ Substitute Teacher Costs
 - ☐ Enter Budget codes or Funding Sources
 - ☐ Budget codes **verified & initialed** by site's Accounting Specialist
-

4. Final Approvals

- ☐ Department Chairperson Signature (if department funds are being spent)
 - ☐ Principal Signature
 - ☐ Principal/Designee Signature **on Overnight Instructional Trip Expectations Checklist**
 - ☐ Director of Transportation Signature (Ed. Services responsibility)
 - ☐ Board Approval required for all overnight trips
-

5. Supervision & Safety (*Overnight Trip Expectations Checklist*)

- ☐ **Meet with Principal/Designee** to review & sign Overnight Trip Expectations Checklist
 - ☐ **Adequate supervision** (15:1 student-to-adult ratio)
 - ☐ **Supervisor/Chaperone roles & responsibilities clearly communicated**
 - ☐ **Any student taking medication on this trip MUST submit a Medication-in-School form, completely filled out with all required signatures.**
 - ☐ **All chaperones must be cleared** as Staff/Coach/Advisor/Volunteer (Admin should check with HR)
-

6. Submission & Final Steps

- ☐ Submit completed forms to site's Administrative Assistant for final verification
- ☐ Educational Services submits form to transportation and to the Board Agenda for approval
- ☐ You should check Board Meeting agenda to ensure trip is listed

All Trips are approved by the Board at the designated Board Meeting unless you are notified otherwise

⚠️ OVERNIGHT TRIPS ARE NOT PERMITTED WITHOUT BOARD/SUPERINTENDENT APPROVAL.

Ponderosa Football 2025

Football Camp Itinerary

6/26:

7:00 am: Meet at Ponderosa High School
7:30 am: Load vans and depart for Phoenix, Oregon
10:30 am: Stop in Redding, CA for brunch
11:30 am: Leave Redding and depart for Phoenix
2:00 pm: Check in at hotel (America's Best Inn Phoenix, OR)
3:00 pm: Load Vans for Phoenix High School
3:30 pm: Practice 1
5:30 pm: Dinner
7:30 pm: 7 on 7 / Lineman Challenge
9:00 pm: Back to hotel
10:30 pm: Bed Check / Lights Out

6/27 and 6/28:

7:00 am: Wake up
7:15 am: Breakfast
8:30 am: Practice 1
11:00 am: Back to hotel
11:30 am: Lunch
3:00 pm: Practice 2
5:00 pm: Dinner
7:30 pm: 7 on 7 / Lineman Challenge
9:00 pm: Back to hotel
10:30 pm: Bed Check / Lights Out

6/29:

7:00 am: Wake Up
7:30 am: Room Check / Load Vans
8:00 am: Depart for Ponderosa High School
10:30 am: Stop in Redding, CA for brunch
11:30 am: Depart from Redding
3:15-3:30 pm: Arrive at Ponderosa High School

EXAMPLE

A DETAILED itinerary must be attached and include:
All event/activity times thought the trip
Name and address of hotel
Meals
Wake up/lights out times
Supervision for non structured time

EL DORADO UNION HIGH SCHOOL DISTRICT

Instructional or Athletic Trip Request

1. In accordance with BP/AR 6153, was a conference held with the Principal/Designee to discuss the feasibility of the trip **BEFORE** any arrangements were made? ☐ Yes ☐ No
2. This request must be submitted to the appropriate school administrator at least **21 CALENDAR DAYS** prior to activity.
3. No student in a class or group may be excluded because of lack of funds (EC 35330). No group may go on an outing if any member is excluded because of lack of funds.
4. Trips more than 300 miles, overnight, or out of state or country require **2 MONTHS PRIOR NOTICE** and approval by the Board.
5. Upon approval, teacher must execute **Form 6153-7**, Parent/Guardian Instructional Trip Authorization.

TRIP INFORMATION

DATE SUBMITTED		SCHOOL (Check) <input type="checkbox"/> EDHS <input type="checkbox"/> IHS <input type="checkbox"/> ORHS <input type="checkbox"/> PHS <input type="checkbox"/> UMHS <input type="checkbox"/> PCA			
ACTIVITY		ACTIVITY LOCATION FULL ADDRESS:			
SPONSORING TEACHER(s) / ORGANIZATION		DATES OF TRIP	DATE	TIME	LOCATION
		PICKUP			
EST. TOTAL TRIP MILES <input type="checkbox"/> Within 300-mile radius of transportation <input type="checkbox"/> Out of State <input type="checkbox"/> Beyond 300-mile radius of transportation <input type="checkbox"/> Out of Country <i>Describe trip itinerary on reverse side.</i>		RETURN			
		EST. TOTAL HOURS:		NO. INSTRUCTIONAL DAYS/HOURS MISSED	
CERTIFICATED STAFF		LIST ALL OTHER ADULTS		PHONE	
Staff	Classes Covered by				

TRANSPORTATION INFORMATION

APPROX. NO. OF STUDENTS (Provide final list of students to Attendance Office and Transportation no later than day before trip.)	NO. OF ADULTS SUPERVISING
TRANSPORTATION REQUESTED <i>(Be specific, specify arrangements being made)</i> <input type="checkbox"/> District (See AR 6153, '4.2.2 and 4.3) <input type="checkbox"/> Commercial <input type="checkbox"/> Private (See AR 6153, '4.7) <input type="checkbox"/> School Van/Other	AR 3541.1 and AR 6153 state: Transportation to and from all district-sponsored field trips within a radius of 300 miles of Placerville will be performed by district employees. All other trips may be contracted out; however, Transportation shall be contacted and given an opportunity to submit a quote on all trips.
(REQUIRED) Transportation has been given an opportunity to submit a quote on this trip. X	

Director of Transportation's Signature

Date Estimate No.

TRIP COSTS (THIS SECTION MUST BE COMPLETED & VERIFIED REGARDLESS OF FUNDING SOURCE.)

Funding Sources <input type="checkbox"/> Fund-raising activities (Describe on reverse side) <input type="checkbox"/> Sponsored organization		<input type="checkbox"/> Budget allocation <input type="checkbox"/> Other (Briefly explain):	
		BUDGET CODE OR FUNDING SOURCE	VERIFIED BY
Transportation Cost	\$		
Driver Time	\$		
Lodging Cost	\$		
Meal Cost	\$		
Entry Fees / Registration	\$		
Personal Costs Per Student: \$ x # of students	\$		
Substitute	\$		
TOTAL	\$	TOTAL MUST BE CALCULATED BEFORE SUBMITTING FORM.	

INSTRUCTIONAL TRIP REQUEST (continued)

EDUCATIONAL OBJECTIVES OF THE TRIP:

DETAILED ITINERARY (Attach full itinerary - include number and length of instructional activities with times, place & address where students will stay, number and grade levels of students participating, transportation details and other pertinent information):

FUND-RAISING:

OTHER SUPPORT (Include plan (list below or attach) to support students unable to contribute all or part of the personal costs of the field trip):

No. Students Plan:

ADMINISTRATION USE ONLY / APPROVALS

APPROVALS:

- ☐ Approved as submitted
☐ Not Approved

☐ Board Approval Needed

Department Chairperson (if using dept. funds) _____ Department _____

Principal _____ Date _____

TRACKING:

DATE	ITEM	COMMENT
	Transportation called	Contact: <input type="checkbox"/> Hours Verified
	Request for Transportation form submitted (see Form 3541.1A or 3541.1B)	
	Activity added to Master Contract	
	Sent to District Office for approval	
	Added to Board Agenda and Approved	
	Final list of students submitted to Attendance Office and Transportation	

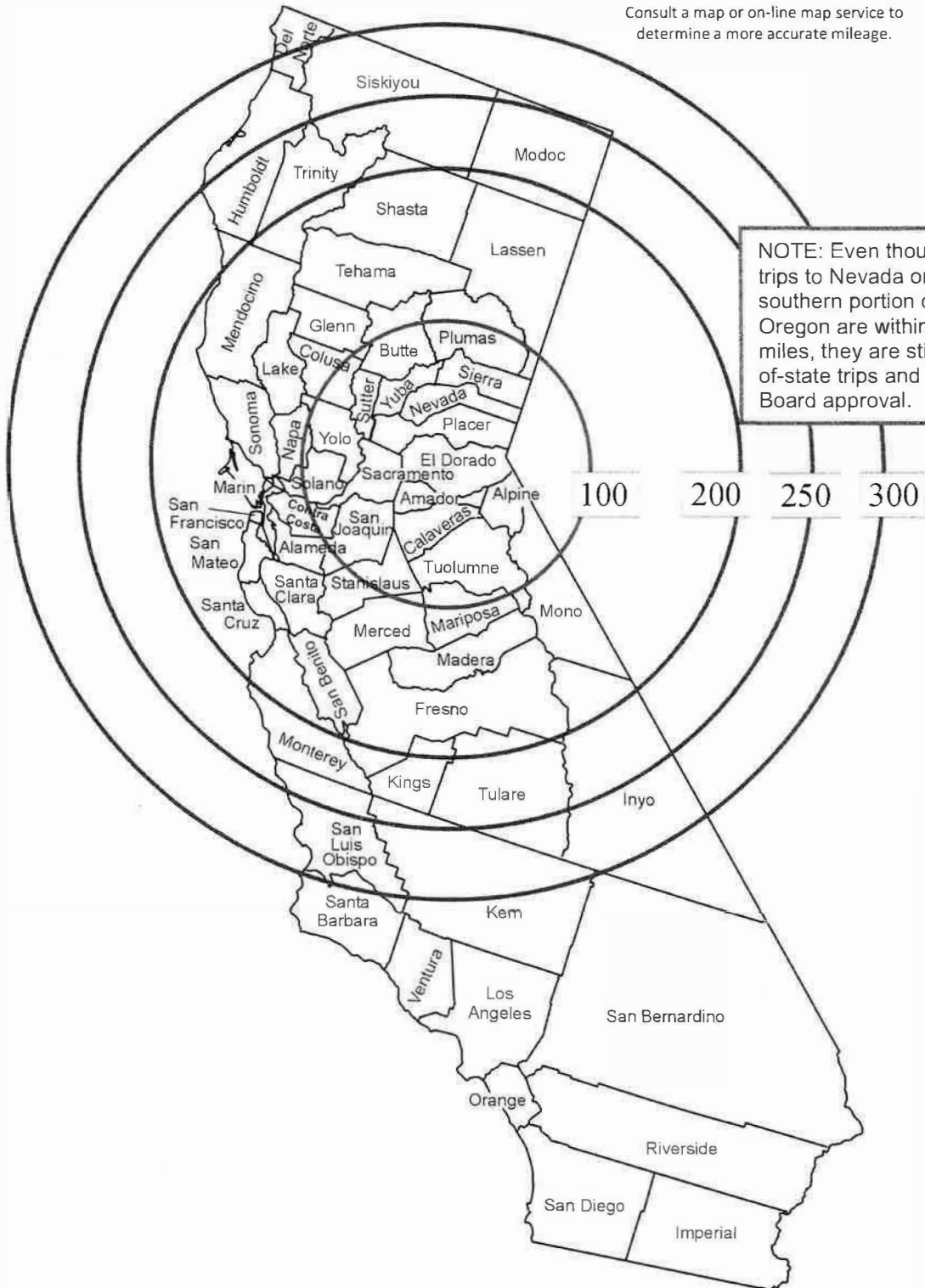
EL DORADO UNION HIGH SCHOOL DISTRICT

300-Mile Radius Map

1/28/03

Note: Miles shown are a close approximate.

Consult a map or on-line map service to determine a more accurate mileage.



Overnight Instructional Trip Expectations Checklist

School _____ Sport/Event _____

Dates of Trip _____ Organizer/Leader _____

- ☐ A detailed itinerary of activities/events will be developed and submitted to the District Office for approval.
- ☐ Behavioral expectations for students will be communicated to students and parents.
- ☐ Every student will provide a signed **Student Field Trip Authorization Form**.
- ☐ Medical/Nutritional special needs of students will be reviewed and accommodated.
 - ☐ 5141.21H **Extended/Overnight /Field Trip Medication Form signed and submitted**.
- ☐ A first aid kit will be available during the trip.
- ☐ Student list and emergency contacts.
- ☐ Event/Activity is in compliance with all CIF and/or District Rules and Regulations.
- ☐ Students will be directed/reminded not to bring anything with them that would not be allowed at school. Searches may be conducted if there is reasonable suspicion to do so.
- ☐ Expectations for supervisor, staff and volunteer roles and responsibilities must be clearly communicated.
- ☐ All adults who are chaperoning overnight trips must be cleared through the EDUHSD Office.
- ☐ Parameters for when students are not in direct visual supervision are to be developed and communicated.
- ☐ Adequate supervision has been arranged for given gender and special needs of students.
- ☐ Proper sleeping arrangements have been made.
- ☐ In-room time and bedcheck parameters must be clearly established.
- ☐ Adequate student to supervisor ratio has been established that is appropriate for the activity/events planned - **15 students to 1 adult** for overnight trips.
- ☐ It is understood by all that supervisory responsibility for students is for the duration of the trip.
- ☐ It is understood that under no circumstances are any adults participating in the event to engage in the use of alcohol, marijuana, other legal recreational substances, or illegal substances.

We have reviewed, understood and agree to the expectations above:

School Administrator Signature

Organizer/Leader Signature

EL DORADO UNION HIGH SCHOOL DISTRICT

Parent/Guardian Instructional Trip Authorization and
Emergency Procedure/Insurance Verification

(Students: Return this form to the Activity Sponsor when completed no less than 72 hours before the trip.)

STUDENT LAST NAME	FIRST NAME	SCHOOL	GRADE
ACTIVITY		ACTIVITY SPONSOR	
LOCATION		DEPARTURE DATE/TIME	
TYPE OF TRANSPORTATION		ANTICIPATED RETURN DATE/TIME	

To Parent/Guardian:

1. Your son/daughter has an opportunity to participate with a group from this school on the activity indicated above. One or more teachers will accompany the group. Signature below signifies that student and parent/guardian agree that the student is to go and return on the school-sponsored transportation indicated above. Privately arranged rides, even with parents, cannot be permitted.
2. Anticipated return time indicates the time at which we expect to arrive back to the starting point. If necessary, parents should arrange to meet their child at this time. Teachers accompanying the group cannot be responsible for seeing that every student has a means of getting home from the starting point.
3. **It is the student's responsibility to communicate with each teacher about potential missed schoolwork.** A student absent due to school-sponsored activities may be required by a teacher to complete work before the absence including tests and quizzes.
4. A student attending a school sponsored activity is expected to notify their teachers of their planned absence **at least 48 hours in advance** and make arrangements to complete all missed assignments in a reasonable period of time. Advanced notice is required to ensure teachers and students have sufficient time to make arrangements.
5. It is highly recommended that a student shall have satisfactory attendance and be current in his/her academic work in order to participate in the trip.
6. A student **will not** be permitted to accompany the group unless this form is signed by the parent or guardian, such signature to signify parental approval **and** completion of the health insurance information (see reverse side).
7. If your student will be taking medication on the trip, a **Medication-in-School form** MUST be completed, signed and submitted.

I, as parent/guardian, understand that by permitting my son/daughter to participate in this trip, I have waived all claims against the District (its employees) or the State of California for injury, accident, illness, or death occurring during or by reason of the trip. (*Education Code 35330*)

My signature below indicates that the above-named student has our permission to attend the field trip as outlined above and per the aforementioned conditions stated above.

Parent or Guardian Signature

Date

To Student: While you are participating in school-related business, you are required to communicate and pre-arrange for make-up work in missed classes with all of your teachers. **48-hour notice is required.**

Teachers of said student: Please sign below to verify student/teacher contact prior to the field trip. Teacher signature indicates acknowledgement the student will be missing class.

PERIOD	TEACHER	COMMENT	PERIOD	TEACHER	COMMENT
0			4		
1			5		
2			6		
3			7		

Parent/Guardian Instruction Trip Authorization

EMERGENCY PROCEDURE AND INSURANCE VERIFICATION

(I), (We), the undersigned parent/guardian of _____, a minor, do hereby authorize the EL DORADO UNION HIGH SCHOOL DISTRICT, representative as agent(s) for the undersigned in our absence, to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE OF CALIFORNIA.

The undersigned agrees to bear all costs incurred as a result of the foregoing. This authorization shall remain in effect for the duration of this school-sponsored trip.

Father/Guardian Name: _____ **Phone:** _____

Signature: _____ Date: _____

Mother/Guardian Name: _____ **Phone:** _____

Signature: _____ Date: _____

Allergies: _____

Insurance Policy/Group No: _____

Doctor: _____ Phone: _____

Known Medical Conditions: _____

Special Instructions: _____

Will your student take medication on this trip? Yes _____ No _____

If yes, a **Medication in School form** MUST be completed, signed and submitted prior to the trip departure.

Note: This form will be in the trip supervisor's possession throughout the trip.

Medication in School

1. ADMINISTRATIVE STATEMENT

Medication may be dispensed to students by designated school personnel whenever a health care provider finds it necessary to prescribe medication to be taken during the regular school day.

2. MEDICATION PROCEDURE

The form below or similar authorization must be completed by the parent or guardian **AND** health care provider for any medication that is to be taken during the regular school day. All medication administered at school, even if sold over the counter, must be prescribed by a health care provider.

The parent/guardian must provide all medication, including over-the-counter medication, in the original container. For prescription medication, the pharmacist can provide a second labeled bottle so that one bottle can be brought to school and one bottle can be left at home.

3. PARENT REQUEST

I request that designated school personnel assist my child by giving him/her the medication as set forth in the health care provider's instructions below and give consent for the designated school personnel and health care provider signing below to exchange medication information. If the medication is an asthma inhaler or an EpiPen, I consent to my child self-administering the medication if designated to do so by the health care provider below. I release the district and school personnel from civil liability in the event my child has an adverse reaction to the asthma inhaler or EpiPen. I may terminate consent for administration of medicine at any time.

Student's Name: _____ Birth Date: _____ Grade: _____

Parent's Signature: **X** _____ Date: _____

4. HEALTH CARE PROVIDER'S INSTRUCTIONS

MEDICATION	DOSE	METHOD OF ADMINISTRATION	HOW OFTEN (e.g. EVERY 4 HRS)	DURATION (e.g., SCHOOL YEAR)
#1				
#2				

Indication for Medication: #1: _____ #2: _____

Special Instructions/Precautions #1: _____ #2: _____

This student is able to carry and self-administer his/her asthma inhaler _____ Yes _____ No

This student is able to carry and self-administer his/her EpiPen _____ Yes _____ No

Health Care Provider Signature: **X** _____ Date: _____

Health Care Provider Name (PRINT): _____ Phone: _____

BASIC LEGAL PROVISION: 49423. Notwithstanding the provision of Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken, and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

Overnight Trip Request Chaperone Clearance

If the chaperone is not an EDUHSD staff member or cleared coach, please complete the following steps:

☐ Contact Jessica Dorsey in HR to ask if the chaperone has been cleared.

If they are not cleared as a volunteer with our District, please follow these steps:

☐ Obtain Principal approval in written form to be forwarded to HR. Also include volunteer/chaperone contact information as HR will connect with the volunteers to explain the process.

☐ Volunteer to pick up Live Scan and Confidential Data forms from Jessica in HR

☐ Volunteer must complete the Live Scan process (at their cost)

☐ If driving students: The Volunteer Personal Automobile Use Form (F6153-5) must be completed

☐ Volunteer to submit a copy of their Driver's License and declaration page of their auto insurance to the Administrative Assistant at their school site

☐ Receive Final Approval from HR BEFORE chaperoning students on an Overnight Trip

ALL adults going on an overnight trip must be cleared as a staff member, coach or volunteer.

Questions?

Please contact Carol Pesce in Educational Services cpesce@eduhsd.k12.ca.us

Or Jessica Dorsey Human Resources at jdorsey@eduhsd.k12.ca.us

Student Alternate Transportation Form: Designation of Adult Driver

Students participating in off-campus school-sponsored activities, including, but not limited to, practices, games, meetings, competitions, and conferences ("events"), are required to travel on school buses or by other school-designated methods of transportation. Under special circumstances, with the school's prior written approval, students may be transported to and from events by: (1) himself/herself, (2) his/her parent/guardian, or (3) a designated adult driver. Under no circumstances may students be transported in a vehicle driven by another student or other person under 21 years of age.

This form is required when a parent/guardian designates an adult driver to drive his/her son/daughter to and from a school-sponsored activity. **The driver designated must have completed a *Volunteer Personal Automobile Use Form* that has been signed and maintained by the school.** The parent/guardian may designate/authorize the entire list of adult drivers the school has identified for the activities listed or designate specific drivers that are on the list.

This form must be completed and accepted at least ten (10) days before an activity/event in order for the student to be transported to and/or from a school-sponsored activity by a designated driver.

REQUIRED INFORMATION

Name of Student	
------------------------	--

List Activity or Series of Activities:

		Date of Activity
1)		
2)		
3)		
4)		
5)		

Check the box below that applies:

- ☐ I designate the list of drivers the school has identified as adult drivers for the listed activities by their completion of the *Volunteer Personal Automobile Use Form*.
- ☐ I designate **only** the following specific adult drivers who have a *Volunteer Personal Automobile Use Form* on file with the school.

Specified Adult Drivers:

1)	
2)	
3)	

Printed Student Name

X

Signature

Printed Parent/Guardian Name

X

Signature

Date

Printed Name of Employee Arranging Transportation

X

Signature

Date

Principal or Designee Signature

Date

EL DORADO UNION HIGH SCHOOL DISTRICT
Volunteer Personal Automobile Use Form

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. To protect the health and safety of our Students, our District requires that anyone (employee or volunteer) using their personal automobile to transport students, in addition to their own child/children, to and from sanctioned activities must receive prior authorization. Before we can issue such authorization, certain information must be obtained at least 10 days before you transport our Students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

REQUIRED INFORMATION

Name of Driver:			
Driver's Email Address:			
Driver's Phone Number:	Home	Cell	
CA Driver's License No. & Expiration Date:			
Vehicle(s) Year--Make--Model(s):			
Vehicle(s) License Plate Number(s):			
Insurance Carrier:			
Policy Number & Expiration Date:			
Liability Coverage Limits:			
SPORT(s) / EVENT(s)	SEASON / DATES(s)	SPORT(s) / EVENT(s)	SEASON / DATES(s)
1.		3.	
2.		4.	

We also require a photocopy of your driver's license and your insurance policy declarations page. Should your driver's license or insurance policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport Students. By signing below, you are also authorizing the District to: (a) obtain a copy of your Driver Record History and status of your driver's license, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, please be advised that, pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any resulting bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for comprehensive, uninsured motorists, or collision coverage for your vehicle.

**Vehicle Safety and Transportation
Procedures & Requirements**

For the safety of our Students, in signing below you are also agreeing to the following rules and requirements as listed on this page and on the reverse side of this page.

I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.

2. **I will not** transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported Students. The Vehicle(s) may be inspected by District representatives.
3. **I am at least 21 years of age** and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself, my child/children, and authorized Students ride in the Vehicle.

Printed Name of Driver

Printed Name of Employee Arranging Transportation

Principal or Designee Signature

X

Signature

Date

X

Signature

Date

Date Received

Charter Bus Information for Instructional Trips

Please complete this form if you are using a Charter Bus for an EDUHSD Instructional Trip or Athletic Event.

The Charter Bus Company **MUST** be SPAB Certified in order to drive our students.

Please complete this form as soon as possible when planning a trip.

A representative from the EDUHSD Transportation Department will meet the Charter Bus at the school site to inspect the bus before they are allowed to drive our students.

* Indicates required question

1. Charter Bus Company Name *

2. Charter Bus Company Phone Number *

3. Is the Charter Bus Company SPAB Certified *

Mark only one oval.

☐ Yes

☐ No

4. Date of Trip *

5. School Site *

6. Time Charter Bus will arrive at School Site *

Example: 8:30 AM

7. EDUHSD Staff Member Organizing this Trip (with phone number) *

8. Other

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