

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 _____	
Destination _____	of Trip _____	
Purpose of Trip _____		
Specific Pick-up Location _____		
Number of Passengers (Max 72 K-2nd/Max 52 3rd+ per bus) _____		
Number of Buses Requested	1 2 3 (circle one)	Grades _____
Need bus to stay with trip?	<input type="checkbox"/> YES <input type="checkbox"/> 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	_____	
<input type="checkbox"/> Dist. Acct. Code# _____		
or	(complete 26 digit account code - use object code 5720)	
<input type="checkbox"/> 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

Approved Denied

Signature of Transportation Staff

Revised April 2024

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