

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 \_\_\_\_\_  
of Trip \_\_\_\_\_  
Destination \_\_\_\_\_  
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? ☐ YES ☐ 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 \_\_\_\_\_  
☐ Dist. Acct. Code# \_\_\_\_\_  
or (complete 26 digit account code - use object code 5720)  
☐ 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 \_\_\_\_\_  
\_\_\_\_\_  
Signature of Transportation Staff \_\_\_\_\_  
☐ Approved ☐ Denied

Revised April 2024

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