

TODAY'S DATE

LOS ANGELES UNIFIED SCHOOL DISTRICT  
BUSINESS SERVICES DIVISION – TRANSPORTATION BRANCH

FOR OFFICE USE  
JOB NO. \_\_\_\_\_

(mm/dd/yy)

APPLICATION FOR AUXILIARY TRANSPORTATION/TRIP(S)

FUND \_\_\_\_\_

AREA \_\_\_\_\_

SCHOOL \_\_\_\_\_

PROGRAM CODE \_\_\_\_\_

REQUESTING SCHOOL'S NAME \_\_\_\_\_ SCHOOL PHONE NUMBER & EXT. \_\_\_\_\_ LOCATION CODE \_\_\_\_\_

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

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 1<sup>ST</sup> 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.

YES  NO

# OF PUPILS \_\_\_\_\_


# OF ADULTS \_\_\_\_\_

# OF WHEELCHAIRS \_\_\_\_\_

# OF BUSES \_\_\_\_\_

IS THIS A ONE-WAY TRIP? \_\_\_\_\_

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

SIGNATURE  \_\_\_\_\_  
PRINCIPAL/ADMINISTRATOR

E-MAIL ADDRESS \_\_\_\_\_

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 _____
INPUT BY _____	TRIP DATE _____	
DISPATCHER REVIEW _____	D# _____	
	A# _____	

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