

**Shasta County Office of Education
Transportation Department
(530) 225-0340 Fax (530) 225-0342**

Field Trip Request Form

Trips cannot be confirmed without a minimum two week advance notice

School: _____ **School District:** _____

Trip Destination Address: _____

Trip Activity: _____

Number of Students: _____ **Number of Wheel Chairs:** _____ **Number of Adults:** _____

Grade Level: _____ **Additional Equipment/Items to be Transported:** _____

TRIP ITINERARY

Departure Date:	Weekday:
Departure point:	Leave Time:
Destination:	Arrival Time:
Intermediate Stops:	Time:
Intermediate Stops:	Time:
Departure Point:	Leave Time:
Destination:	Return Time:
Bus / Driver to stay with trip: Yes No	

Additional Comments or Information:

Teacher's Signature: _____ **Date of request:** _____

District Representative Authorization: _____ **Date:** _____

Escape Code: Resource(4): _____ Program(4): _____ Object (4): _____ Alias (6): _____

(All field trip requests must have an administrator's signature. Internal field trip request forms will not be processed without Escape code.)

TRANSPORTATION DEPARTMENT USE ONLY

Bus Reservation Confirmed by: _____ **Date:** _____

(Transportation Scheduler)

_____ **Hours** **Total Trip Time Charged:** \$ _____

_____ **Mileage** **Total Trip Mileage Charged:** \$ _____

_____ **# of Buses Used** **Total Cost of Trip:** \$ _____