

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

West Sonoma County Union High School District

FIELD TRIP REQUEST FORM

(FORM A)

Please check appropriate box:

- Day field trip less than 100 miles – Principal approval (*submit to D.O. 10 days in advance*)
- Day field trip more than 200 miles round trip – Superintendent approval (*submit 2 weeks in advance*)
- Overnight field trip – Board approval (*submit 1 month in advance*)
- Sponsoring Group (other than school)
 - School Bus requested Commercial Bus Auto/Other

| | | |
|---|--------------------------|----------------------------|
| <i>School:</i> | <i>Date of Request:</i> | <i>Trip date(s):</i> |
| <i>Total # of Passengers:</i> <i>(Students & Chaperones)</i> | <i>School Load Time:</i> | <i>School Return Time:</i> |
| <i>Additional Stops:</i> | <i>Destination:</i> | <i>Purpose of Trip:</i> |

SWIMMING (if yes, attach Form B) YES NO

Ruling of the Board of Trustees: Students going on a school-sponsored trip must go and return by the same mode of transportation. The Principal may grant exceptions upon the written request of a parent or guardian with prior approval. The teacher in charge of the students is responsible for the enforcement of this ruling.

Requested by _____ Teacher in Charge _____

Charge to: School Student Body SIP Athletics
 Other: (describe): _____

NOTE: Teacher is responsible to have bridge and parking fees available.

Mode of Transportation (check one): School Bus/Contract Bus Other: _____
 Private Car (Employee) Private Car (Volunteer) Driver's Name: _____

NOTE: Volunteer Driver Registration Form must be attached to Field Trip Request Form for Use of Private Vehicles

TO BE COMPLETED BY TRANSPORTATION DEPARTMENT:

| | | |
|--------------------------|-------------------------------|----------------------------|
| Bus #: | Name of Bus Driver: | |
| Odometer Reading/Start: | # of hours regular assigned: | # of hours regular absent: |
| Odometer Reading/Ending: | # of hours regular completed: | |
| TOTAL MILES: | | |

Principal's approval _____ Date _____

Superintendent's approval _____ Date _____

TO BE COMPLETED BY BUSINESS OFFICE:

Rate per hour: (regular) \$ _____ Rate per hour (time & one-half) \$ _____

CODE: _____

Business Office Approval _____ Date _____