



COAST UNIFIED SCHOOL DISTRICT
TRANSPORTATION REQUEST FORM

Request must be submitted at least two weeks in advance
PLEASE FILL OUT AND SUBMIT A SEPARATE FORM FOR EACH TRIP

Teachers/Coaches:

Print and fill in the top portion of this form by hand (please print). When finished, turn it in to your site administrator for approval. There is a fillable form available on the District Web page for your convenience.

SCHOOL REQUESTING: TODAY'S DATE:

TYPE OF TRANSPORTATION REQUESTED: CUSD School Bus Van Charter Bus* Van & Bus
The Transportation Department must make arrangements for charter buses

DAY OF TRIP: DATE OF TRIP: GRADE LEVEL:

PICK-UP TIME: RETURN TO SCHOOL TIME:

DESTINATION:

ADDRESS:

(Please circle YES or NO)

FOOD STOP: YES NO REST STOP: YES NO **Stop location(s) will be at driver's discretion based upon bus accessibility**

COMMENTS:

ESTIMATED MILES: X COST PER MILE = ESTIMATED COST: \$
Vans \$0.60 / Buses \$2.50

TOTAL # OF PASSENGERS: # OF VEHICLES REQUESTED:

DESCRIPTION OF EVENT:

NAME OF ACCOUNT / ACCOUNT # (SOURCE OF FUNDING):

REQUESTED BY / TEACHER IN CHARGE:

ALL STOPS MUST BE ON THIS FORM AND APPROVED PRIOR TO THE TRIP; DRIVERS ARE NOT PERMITTED TO MAKE ANY UNSCHEDULED STOPS

APPROVALS

Approved By: Principal Date
Approved By: Director of M.O.T. Date
Approved By: Business Manager Date
Approved By: Superintendent Date

TRANSPORTATION DEPARTMENT USE ONLY

Transtaks #: Received Date: Date Confirmation Sent to Requester:

Van #: Beginning Mileage: Ending Mileage: Total:

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