LOS ALAMITOS UNIFIED SCHOOL DISCTRICT
TRANSPORTATION REQUEST
(562)799-4592 ext. 81113

DISTRICT OR CHARTER: _____

SUBMISSION DATE: _____   **TRIP #** _____

REQUESTOR

Name: _____	Title/Position: _____
Group/Team: _____	School/Site: _____
Daytime Phone: _____	Cell Phone during trip: _____

DESTINATION

Location: _____
Address: _____

Students: _____   **Chaperones:** _____   **Total Passengers:** _____

	Trip Date	Location	Arrival Time to Load	Start Travel Time
Pickup				
Return				

SPECIAL ARRANGEMENTS/ACCOMODATIONS

Driver & vehicle stay with group   Drop& Return (may be a different driver/bus, so you may have to remove all items)
Storage for specialty equipment   Wheelchair lift
Stop for meal   Other: _____

APPROVAL & BUDGET

Requestor's Signature: _____   Principal's Signature: _____
Bill (ASB/PTA/Booster/etc): _____   Print Name: _____

Budget: District Bus: __ __ __ __ __ __ __ __ __ __   - **5719**

            Charter (3rd Party):   __ __ __ __ __ __ __ __ __ __   - **5800**

PRE-DEPARTURE LEGALITY AS REQUIRED IN EDUCATION CODE 39831.3(a) AND 39831.5(a)

An adult chaperone, other than the driver, MUST accompany pupils on a school pupil activity bus (field trip). An adult chaperone shall be a person eighteen (18) years of age or older and shall be either a teacher, substitute teacher, instructional aide, coach, assistant coach, or volunteer. Students currently enrolled in school do not qualify as an adult chaperone.

Prior to departure of a school activity trip, all pupils riding on a school bus or SPAB shall receive safety instruction which includes, but is not limited to, location of emergency exits and responsibilities of passengers seated next to emergency exits, location and use of emergency equipment and that the bus is equipped with cameras which records up to 30 minutes are ignition is turned off.

Safety Instructions Announced: _____

Driver Signature	Bus Number	Date

Safety Instructions Received: _____

Teacher/Coach/Chaperone	Print Name	Date

Changes to Original Request: _____

Reviewed by Teacher/Coach/Chaperone: _____

Signature	Printed Name

Transportation Only:

Bus	Driver	Riders	Start Time	End Time	Total Hours	Beg Mileage	End Mileage	Trip Mileage

Total Trip Hours: _____   Total Mileage: _____

Total Trip Hours: _____   x   =   _____
Mileage over 40: _____   x   =   _____

Total Trip Expense: _____

Verified by Transportation Rep: _____   Date: _____

IMPORTANT NOTES

♦ Request must be submitted 14 days prior to trip
♦ School to verify trip 7 days prior to trip date
♦ Note: 2-hour minimum charge for cancel at site
♦ Requests will be scheduled around daily school routes. Drive is to receive a 30-minute duty free lunch period
♦ It may be necessary to legally seat 3 to a seat due to cost and availability of buses
♦ District Bus Capacity with 3 students per seat is 78 and 84 depending on bus
♦ TBA times/dates/locations & other changes need to be reported as soon as Requestor has knowledge of changes
♦ Conduct of the passengers will be the responsibility of the Requestor and Adult Chaperones
♦ The Driver will distribute rules at the time of the trip
♦ Returns past midnight on a school night will result in additional costs
♦ Buses are equipped with cameras that continue to record up to 30-min after ignition is turned off. NO clothing changes will be permitted on the bus