ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT

~ Request for Transportation by Charter Carrier ~

SPAB - SCHOOL PUPIL ACTIVITY BUS

INSTRUCTIONS

Required as per Board Policy. Click to view: Admin Reg 3542.2 and Admin Reg 6153

TRIP PLANNING: District employee completes the Field Trip Information section, obtains an administrator's signature, and contacts Transportation to arrange for charter carrier. **Copy** of this form to Transportation; **employee retains original until after the trip** (see Post-Trip below).

TRIP DAY: Employee or designated lead person obtains SPAB driver and bus information. (Examples on Side 2.) If driver or bus is changed during the trip, use the "Enroute Change" columns to record new driver/bus information.

POST-TRIP: Submit completed, signed original form to Transportation the first work day after the trip.

Field Trip Information

School & Group:			
Destination / Event:			**Event Time:**
Depart School	**Leave Destination**	**Finish at School**	**Total Students:**
Date:	**Date:**	**Date:**	**Total Staff/Adults:**
Time:	**Time:**	**Time:**	☐ **Itinerary Attached**
District Employee ***(Requestor):***			
Employee's Title:		**Dist. Ext. / Cell #:**	
Administrator Approval:			**Date:**
Date approved by Board of Trustees: ***(Required for overnight/out-of-state trips)***			
Charter Carrier:			

SPAB Driver & Bus Information

	Original Driver & Bus	Enroute Change #1	Enroute Change #2
Driver's Name			
California Drivers License ** **Dist Employee MUST verify**	**Dist Employee: Initial that CDL is current.** ☐	**Dist Employee: Initial that CDL is current.** ☐	**Dist Employee: Initial that CDL is current.** ☐
	Expiration Date	**Expiration Date**	**Expiration Date**
SPAB Special Driver's Certificate **	**Expiration Date**	**Expiration Date**	**Expiration Date**
Driver's Medical Examiner's Certificate **	**Expiration Date**	**Expiration Date**	**Expiration Date**
Vehicle Certificate-- CHP 292 ** ***(Must be approved within the last 13 months.)***	**Date of Certificate**	**Date of Certificate**	**Date of Certificate**
	Certificate Approved By	**Certificate Approved By**	**Certificate Approved By**

**** See Side 2 for examples.**

District Employee Signature: ***Sign and date to verify the above information.***	**Print Name**	
	Employee Signature	**Date**

EXAMPLE SPAB DRIVER AND BUS CREDENTIALS

CALIFORNIA COMMERCIAL DRIVER LICENSE



SPECIAL DRIVER CERTIFICATE



MEDICAL EXAMINER'S CERTIFICATE



VEHICLE CERTIFICATE -- CHP 292 (Posted in bus)

