

**GRIDLEY UNIFIED SCHOOL DISTRICT
REQUEST FOR TRANSPORTATION**

This form is to be completed, by the teacher or advisor requesting the field trip, athletic trip, student body trip or any similar activity and must be approved by the Principal/Program Administrator. The original completed form must be turned in to the Transportation Office.

(DISTRICT INSURANCE REQUIRES ALL VAN DRIVERS TO BE 25 YEARS OLD OR OLDER)

School: _____ Organization, Class or Team: _____

Name of Teacher, Advisor, or Coach: _____

Destination (Town, Locality or School): _____

Street address, or intersection: _____

Purpose of trip: _____

Leaving from (Specify location): _____

Home Departure: Date: _____ Time: _____

Destination Arrival: Date: _____ Time: _____

Destination Departure: Date: _____ Time: _____

Home Arrival Date: _____ Time: _____

Describe route or attach details: _____

Desired stops en route (Meals, Comfort, Interest, etc.): _____

NOTE: A bus driver may determine that there is not time to make the desired stop in order for them to return within their time limit.

Number of passengers: Will the vehicle and driver be needed at the destination between
Students: _____ Adults: _____ time of arrival and time of departure?
Yes: _____ No: _____

Indicate the types and number of vehicle requested:

School Bus: _____ District Van: _____ Other District Vehicle: _____ Private Contract Vehicle: _____

NOTE: District policy requires the following use priority: (1) District school bus, (2) District Van, (3) other District vehicle, (4) Private contract vehicle.

(REQUIRED) Budget account to charged: _____ Student Activities charge: Yes: _____ No: _____

Signature of staff member: _____ Date: _____

Approved: _____ Date: _____
(Principal / Program Administrator)

Availability of transportation confirmed: route, stops, time allowances and other elements of transportation approved:

(Transportation Supervisor) Date: _____