

# SCOTT VALLEY UNIFIED SCHOOL DISTRICT

## Field Trip Request Form

### ◀SCHOOL SITE▶

Date(s) of Trip \_\_\_\_\_ # of Days of Requested \_\_\_\_\_ # of Students \_\_\_\_\_

EHS       SVJH       SRHS       SVCDS       SRCDS   
 EES       EECDS       FJE       FJCDs       QVE

Activity \_\_\_\_\_ Purpose \_\_\_\_\_ Destination(s) \_\_\_\_\_

Check (√) type of vehicle(s) requested and how many of each.

Bus(s)  \_\_\_\_\_ P/U(s)  \_\_\_\_\_ Departure Time \_\_\_\_\_ am/pm

Van(s)  \_\_\_\_\_ Trailer(s)  \_\_\_\_\_ Return Time \_\_\_\_\_ am/pm

Car(s)  \_\_\_\_\_ Tractor(s)  \_\_\_\_\_ **Approved**       **Not Approved**

#### SIGNATURES:

Person Filling Out Form: \_\_\_\_\_ Date \_\_\_\_\_

Funding Approval Personnel: \_\_\_\_\_ Date \_\_\_\_\_

Site Administrator: \_\_\_\_\_ Date \_\_\_\_\_

**Complete all information. Have it signed and delivered to the Transportation Department BEFORE the trip. Attach sheet with names of participating students.**

### ◀DRIVERS MUST COMPLETE▶

Ending Mileage: \_\_\_\_\_

Emergency Evacuation Checklist

Beginning Mileage: \_\_\_\_\_

First Aid Kit       Emergency Doors

**TOTAL MILES:** \_\_\_\_\_

Fire Extinguisher       Windows & Roof

Drivers Signature: \_\_\_\_\_ Date \_\_\_\_\_

### ◀TRANSPORTATION DEPARTMENT▶

Vehicle Assigned: \_\_\_\_\_ Fuel Card: Yes  No  PO# \_\_\_\_\_

Driver(s) Assigned: \_\_\_\_\_

Time on Duty

Per Diem

Bus Driver "On Duty" Time: \_\_\_\_\_ am/pm

Breakfast: \_\_\_\_\_ @ \$8.00 \$ \_\_\_\_\_

Bus Driver "Off Duty" Time: \_\_\_\_\_ am/pm

Lunch: \_\_\_\_\_ @ \$11.00 \$ \_\_\_\_\_

**Bus Driver Total Trip Time:** \_\_\_\_\_

Dinner: \_\_\_\_\_ @ \$16.00 \$ \_\_\_\_\_

**Total Per Diem for Trip: \$** \_\_\_\_\_

Transportation Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_