

Request For Field Trip

Lakeside Union School District

Trips may only be done between 9:15 am and 1:30 pm. No trips on Wednesday's.

School/Program: _____ Today's Date: _____

Date Trip Is Planned: _____ Trip Day of Week: _____

Destination: _____

Teacher or Staff
In Charge Of The Bus: _____ Students Grade: _____

Other Stops: _____

Special Equipment Being Transported: _____

Time Leaving School: _____ Return Time At School: _____

Number Of Students: _____ Number Of Adults: _____

Person Making Request Supervisor Approval

REQUEST WILL NOT BE PROCESSED WITHOUT ONE OF THE FOLLOWING:

Company to be Invoiced: _____
ATTN: _____
Address/Email: _____

PTA Paying: circle if applies **YES**

FD	RES	GOAL	FUNC	OBJ	SCH-LOC	CC
XX-XX	XXXX-XXX	XXXX	XXXX	XXXX-XXX	XXX-XXX	MXX

Transportation Use Only

Number Of Buses: _____ Approximate Cost: _____

Special Instructions: _____

Transportation Dispatcher Signature: _____ Date Processed: _____