|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| TODAY’S DATE |  | LOS ANGELES UNIFIED SCHOOL DISTRICT |  |  |
|       |  | **TRANSPORTATION SERVICES DIVISION** |  |  |
| (mm/dd/yy) |  | **APPLICATION FOR AUXILIARY TRANSPORTATION/TRIP(S)** |  |  |
|  |
| **Funding Source (check one):** | **[ ]  Reimbursable** **[ ]  Student Body [ ]  Program Code (5 digits)** |       |
|  |
|  |       |  |       |  |       |
|  | REQUESTING SCHOOL/OFFICE  |  | SCHOOL/OFFICE PHONE NUMBER & EXT. |  | COST CENTER (7 DIGITS) |
|       |  |       |  |       |  |  |  | PK-K[ ]  1[ ]  2[ ]  3[ ]  4[ ]  5[ ]  6[ ]  7[ ]  8[ ]  9[ ]  10[ ] 11[ ]  12[ ]   |
| SCHOOL/OFFICE FAX NUMBER |  | ESC |  | SCHOOL TYPE |  |  |  | CHECK GRADES |
| [ ]  MR.[ ]  MS. |       |  |       |
|  | RESPONSIBLE ADMINISTRATOR |  | RESPONSIBLE ADMINISTRATOR E-MAIL ADDRESS |
| [ ]  MR.[ ]  MS. |       |  |       |
|  | CONTACT PERSON |  | CONTACT PERSON E-MAIL ADDRESS |
| **DATE(S)** |       |  |       |  | [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  |
|  | DATE OF TRIP (OR OF 1ST TRIP) (mm/dd/yy) |  | DATE OF LAST TRIP (IF A MULTI-DATE TRIP) (mm/dd/yy) |  | M T W TH F SA SUCHECK DAY(S) OF TRIP(S) |
| **TIMES** |       [ ]  AM [ ]  PM |  |       [ ]  AM [ ]  PM |  |       [ ]  AM [ ]  PM |  |       [ ]  AM [ ]  PM |
|  | REQUESTED PICK UP TIME (hh:mm) |  | REQUESTED ARRIVAL TIME (hh:mm) |  | REQUESTED DEPARTURE TIME (hh:mm) |  | REQUESTED RETURN TIME (hh:mm) |
|       |  |       |  |       |  |       |  | [ ]  YES [ ]  NO |  | SEATBELT / LAP RESTRAINTS [ ]   |
| # OF PUPILS |  | # OF ADULTS |  | # OF WHEELCHAIRS |  | # OF BUSES REQUIRED |  | IS THIS A ONE-WAY TRIP? |  | CHECK IF REQUIRED |
|  |  |  |  |  |  |  |  |  |  |  |
| **IMPORTANT:****THIS APPLICATION IS ONLY FOR TRIPS THAT DO NOT MEET THE FOLLOWING PARAMETERS:*** **Monday – Friday between 9:00 AM – 2:00 PM**
* **Requested at a minimum of 15 calendar days prior to trip date.**

**DO NOT USE THIS FORM FOR TRIPS THAT MEET THE PARAMETERS ABOVE, USE THE ONLINE FIELD TRIP REQUEST SYSTEM WEBSITE** [**http://fieldtrip.lausd.net**](http://fieldtrip.lausd.net)**.** |
|  |  |  |
| **PLEASE ALSO NOTE THE FOLLOWING:*** BUS CANNOT EXCEED 65 PASSENGERS PER BUS
* LIFT BUS CAN ACCOMMODATE A MAXIMUM OF 5 WHEELCHAIR PASSENGERS AND 8 ADDITIONAL AMBULATORY PASSENGERS.
* ADDITIONAL PASSENGERS OR SPECIAL EQUIPMENT MAY REQUIRE THE SCHEDULING OF AN ADDITIONAL BUS.
 |
|  |       |
| COMMENTS |
|  |       |
|  |       |
| **DEPART FROM/FIRST PICK UP** |       |
|  | SCHOOL / LOCATION NAME |
|  |       |
|  | ADDRESS, CITY, ZIP |
| DESTINATION NAME |
|       |  |       |  |       |
| COST CENTER (IF APPLICABLE) |  | PLACE NAME |  | PHONE NO. & EXT. |
|  |       |
|  | ADDRESS, CITY, ZIP |
| **SIGNATURE**  |  |  |  | E-MAIL ADDRESS |       |
|  | PRINCIPAL/ADMINISTRATOR |  |  |  |
| This application will not be processed if any of the information is missing. |
| E-mail form to tsd.fieldtrip@lausd.net. Retain a Signed Copy at School. |

**DISTRICT TRANSPORTATION IS BASED ON AVAILABILITY AND NOT GUARANTEED UNTIL BOOKED.**