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| TODAY’S DATE | | | | | | | | |  | | LOS ANGELES UNIFIED SCHOOL DISTRICT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | |
|  | | | | | | | | |  | | **TRANSPORTATION SERVICES DIVISION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | |
| (mm/dd/yy) | | | | | | | | |  | | **APPLICATION FOR AUXILIARY TRANSPORTATION/TRIP(S)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | |
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| **Funding Source (check one):** | | | | | | | | | | | | | | | | | **Reimbursable**  **Student Body  Program Code (5 digits)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | | | REQUESTING SCHOOL/OFFICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | SCHOOL/OFFICE PHONE NUMBER & EXT. | | | | | | | | | | |  | | COST CENTER (7 DIGITS) | | | | | | |
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| 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 SU  CHECK 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)**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| COMMENTS | | | | | | | | | | | | | | | | | | | |
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| **DEPART FROM/FIRST PICK UP** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | SCHOOL / LOCATION NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DESTINATION NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| COST CENTER (IF APPLICABLE) | | | | | | | | | | | | | | | | | |  | | PLACE NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | PHONE NO. & EXT. | | |
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| **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](mailto:tsd.fieldtrip@lausd.net). Retain a Signed Copy at School. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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