

**CALAVERAS UNIFIED SCHOOL DISTRICT  
SPECIAL TRIP REQUEST**

**FOR TRANSPORTATION OFFICE USE ONLY:**

**Trip Number** \_\_\_\_\_  
**Vehicle Number** \_\_\_\_\_  
**Driver** \_\_\_\_\_  
**Date Received** \_\_\_\_\_

**FOR SCHOOL USE:**

Requesting School: \_\_\_\_\_ ☐ Team ☐ Grade ☐ Organization ☐ Department  
Team/Grade/Organization/Department Name: \_\_\_\_\_

Number of passengers: \_\_\_\_\_ ☐ Bus Number of buses needed: \_\_\_\_\_  
☐ Special Needs - Number of wheelchairs: \_\_\_\_\_ ☐ Van Number of vans needed: \_\_\_\_\_

Name of person requesting trip: \_\_\_\_\_ Number of chaperones: \_\_\_\_\_

Trip date: \_\_\_\_\_ Trip return date: \_\_\_\_\_  
Departure time from school: \_\_\_\_\_ Arrival time at destination: \_\_\_\_\_  
Departure time from destination: \_\_\_\_\_ Arrival time at school: \_\_\_\_\_  
Trip Destination Town: \_\_\_\_\_ Trip Destination Place: \_\_\_\_\_

Additional Information (extra pickup/drop off stops, meal stops, etc., must be approved)

Special Trip Requests **must be received** by the Transportation Department **20 working days** before the date of trip. If not received **20 working days** prior to the trip, availability of a vehicle/driver may be in question. **Please confirm** the trip with the Transportation Department at least **three days** before the date of the trip.

Please advise all passengers that bus behavior rules on Special Trips are the same as route rules and will be enforced in the same manner.

Trip requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Invoice to:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*(Enter account number without periods.)*

Account number: \_\_\_\_\_ Approved by: \_\_\_\_\_