



EUREKA UNION SCHOOL DISTRICT TRANSPORTATION REQUEST FORM

School/Customer _____ Trip Date _____

Destination _____ Phone _____

Address _____

Departure Time _____ Return Time (time back at school) _____

Purpose: _____

Number of Students _____ Grade or Grades _____

Number of Adults _____ Is a wheelchair bus needed? _____

Teacher(s) of class(es) participating in this trip: _____

Please provide contact number to be used by the teacher while on field trip: _____

Indicate participating teacher who is CPR certified: _____

If you are planning to move students other than to and from the destination, please list your itinerary. _____

* Please note that extra stops cannot be made unless on the itinerary. It is not required that you stop at all listed stops on the itinerary.

Date of Request _____ Signature of Teacher _____

Email _____

Signature of School Administrator _____ Date _____

TRANSPORTATION OFFICE USE:

Approved _____ Number of buses assigned _____ Estimated cost of trip _____

Denied _____ Reason for Denial _____

Signature _____ Date _____

*****Fees will apply unless written cancellation is received 24 hours prior to Field Trip Date*****