



**MORELAND SCHOOL DISTRICT
Transportation Department**

4711 Campbell Ave., San José, CA 95130
(408) 874-2973 – Fax: (408) 374-8840



Field Trip Request Form

Submit to Transportation Department, fax # above
(ONLY ONE TRIP PER FORM, ONE FORM PER TRIP)

Date of Trip: _____ Day of Week: M T W Th F
 Teacher(s): _____ Ext: _____
 Grade: _____ School: _____
 Address: _____
 Billing Address: _____
 (if different) _____
 Phone #: _____ Fax #: _____
 Destination Name: _____
 Destination Address/Location: _____

 Destination Phone #: _____ Trip Leader's Cell #: _____
 Arrival Time at School: _____ A.M./P.M.
 Departure Time from School: _____ A.M./P.M.
 Arrival Time at Trip Site: _____ A.M./P.M.
 Departure Time from Trip Site: _____ A.M./P.M.
 Return Time to School: _____ A.M./P.M.
 Other Instructions: _____

Transportation Only		
_____ Hrs. @ _____ = _____		
_____ Mis. @ _____ = _____		
Total: _____		

Number of Children: _____
 Number of Adults: _____
 Total # of Passengers: _____

Method of Transportation

_____ Private Vehicle
 _____ Walking
 _____ Bus
 _____ Teleportation

Method of Payment

_____ Home & School Club
 _____ Collected Fees
 _____ School Budget
 _____ Other: _____

 - A parent permission slip for each child is to be on file in the school office prior to departure. -
 | Date: _____ Teacher signature: _____ |
 - Date: _____ Teacher signature: _____ -

The Administrator shall be responsible for assuring procedures that will provide for the accounting and safety of children.

A BASIC FIRST AID KIT WILL BE AVAILABLE ON THE BUS.

Trip leader(s) should exchange emergency contact information with bus driver prior to departure.

Date Approved: _____ Administrator: _____
 Date Approved: _____ Transportation Director: _____

We are pleased to confirm you trip of _____ .	
The <i>estimated cost</i> is:	_____ Hours @ _____ = _____
<i>2 Busses cost</i> is:	_____ Hours @ _____ = _____

Distribution: White – School Yellow – Transportation Dept. Pink – Teacher