APPLICATION FOR AUXILIARY TRANSPORTATION/TRIP(S)

Funding Source (check one):  ☐ Reimbursable  ☐ Student Body  ☐ Program
If Funding Source is Program, provide funding line information:  FUND  003  AREA  GRH  PROG CODE  

SCHOOL  GRANT HIGH SCHOOL
REQUESTING SCHOOL’S NAME  818-756-2700  8683
SCHOOL PHONE NUMBER & EXT.  LOCATION CODE
SCHOOL FAX NUMBER  818-908-0774  LOCAL DISTRICT  CALENDAR TRACK  SCHOOL TYPE
PK-K  1  2  3  4  5  6  7  8  9  10  11  12
CHECK GRADES

DATE(S)
DATE OF TRIP (OR OF 1ST TRIP) (mm/dd/yy)  DATE OF LAST TRIP (IF A MULTI-DATE TRIP) (mm/dd/yy)

TIMES
REQUESTED PICK UP TIME (hh:mm)  REQUESTED ARRIVAL TIME (hh:mm)  REQUESTED DEPARTURE TIME (hh:mm)  REQUESTED RETURN TIME (hh:mm)

# OF PUPILS  # OF ADULTS  # OF WHEELCHAIRS  # OF BUSES REQUIRED  YES  NO  IS THIS A ONE-WAY TRIP?

SEATBELT / LAP RESTRAINTS  STORAGE COMPARTMENTS

IMPORTANT:
- ALL TRIPS MUST BE BETWEEN THE HOURS OF 9:00 AM – 2:00 PM UNLESS APPROVED IN ADVANCE BY THE TRANSPORTATION SERVICES DIVISION SENIOR BUS DISPATCHER. ANY QUESTIONS, CONTACT 323-342-1460.
- CANNOT EXCEED 65 PASSENGERS PER BUS.
- ADDITIONAL PASSENGERS MAY REQUIRE THE SCHEDULING OF AN ADDITIONAL BUS.

FOR SCHOOL JOURNEY TRIPS ONLY
1. LIST 3 CHOICES IN COMMENT SECTION (FROM FIELD TRIP HANDBOOK, APPENDIX D, PART A).
2. HAS APPOINTMENT BEEN MADE BY SCHOOL WITH THE SITE?  YES  NO  TIME OF APPT.
3. DATES PREFERRED
   (mm/dd/yy)  (mm/dd/yy)  (mm/dd/yy)  (mm/dd/yy)  (mm/dd/yy)
4. DATES TO AVOID
   (mm/dd/yy)  (mm/dd/yy)  (mm/dd/yy)  (mm/dd/yy)  (mm/dd/yy)

FOR TRANSPORTATION DISPATCH USE ONLY:
School Journey Tracking #
ENTRY DATE  ROUTE #(S)
ENTERED BY  D#
REVIEWED BY  A#

Note: Refer to Field Trip Handbook for detailed instructions on arranging trips. Submit this completed form 15 working days before the requested trip date to enable buses to be allocated in a timely and cost-efficient manner and trip confirmations to be received by schools prior to the day of the trip.

Submit Signed Original to Transportation Services Division. Retain a Signed Copy at School.

FORM 78.20T REV 05/09
LOS ANGELES UNIFIED SCHOOL DISTRICT
PARENT CONSENT FOR FIELD TRIP AND MEDICAL AUTHORIZATION

To the Principal of ____________________________________________________

(Student’s Name) has my permission to participate in the field trip

Field trip to ___________________________________________________________
on __________ A.M. / P.M. on __________________________ Date(s)

Departure __________________________ A.M. / P.M. Return __________________________ A.M. / P.M.

Supervising Teacher ___________________________________________________

LUNCH
☐ Pupil will be at school during lunch
☐ Pupil should bring sack lunch
☐ Without liquid Other: ________________

METHOD OF TRANSPORTATION
☐ Walking
☐ School bus
☐ Private auto Other: ________________

STUDENT REQUEST TO BE EXCUSED FROM CLASS
STUDENT WILL PRESENT THIS REQUEST TO EACH TEACHER WHOSE CLASS WILL BE MISSED. IF THE TEACHER CANNOT GRANT THE REQUEST, THE TEACHER WILL PLEASE STATE THE REASON.

I. __________________________________________ IV. __________________________

HR. __________________________________________ V. __________________________

II. __________________________________________ VI. __________________________

III. __________________________________________

This request is being circulated with the approval of: __________________________

Assistant Principal’s Signature

PARENTS PLEASE NOTE:

Section 35330 of the California Education Code states in part:

"All persons making the field trip are deemed to have waived all claims against the District and its employees and the State of California for injury, accident, illness, or death occurring or by reason of the field trip."

I agree to direct my child to cooperate with directions and instructions of the school district personnel in charge of the activity.

Parent’s or guardian’s permission signature __________________________

Date __________________________

MEDICAL AUTHORIZATION

Student’s Name __________________________

Emergency Telephone Number __________________________

Address __________________________

Home Telephone Number __________________________

Business Telephone Number of Parent or Guardian __________________________

Emergency Telephone Number __________________________

Authorization Signature of Parent or Guardian __________________________

Date __________________________

☐ PLEASE CHECK HERE IF INSTRUCTION FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL.
# LOS ANGELES UNIFIED SCHOOL DISTRICT

## REQUEST FOR APPROVAL OF SCHOOL ORGANIZED TRIP FOR STUDENTS

(Refer to Reference Guide Field Trips Handbook and Revised Procedures for procedures and guidelines, Revised 2005.)

### CHECK THE APPROPRIATE BOX:

- [ ] Field Trip
- [ ] School Journey
- [ ] Curricular Trip
- [ ] Athletic Trip
- [ ] Curricular Bus Tour
- [ ] Other

#### Name of School:

#### Employee Supervising Trip:

#### 1. DESTINATION:

- [ ] Are Admission fees charged:  
  - [ ] YES  
  - [ ] NO

#### 2. IS THE SITE A PRE-APPROVED SITE?  
- [ ] YES  
- [ ] NO

(If not, contact Local District and Division of Risk Management prior to taking trip.)

#### 3. DOES THE SITE REQUIRE PROOF OF INSURANCE FROM THE DISTRICT?  
- [ ] YES  
- [ ] NO

(If so, contact the Division of Risk Management and Insurance.)

#### 4. DATE(S) OF TRIP:

- [ ] OVERNIGHT TRIP:  
  - [ ] YES  
  - [ ] NO

#### 5. NUMBER OF STUDENTS:

- [ ] NUMBER OF ADULTS:

- [ ] SUFFICIENT SUPERVISION?  
  - [ ] YES  
  - [ ] NO

#### 6. NAME/EMPLOYEE NUMBER OF EMPLOYEES ATTENDING TRIP:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Employee #:</th>
<th>Telephone #:</th>
<th>Cell Number:</th>
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#### 7. SUBSTITUTE REQUIRED?  
- [ ] YES  
- [ ] NO

- [ ] HOW MANY?  
- [ ] DAYS?

#### 8. TIME SCHEDULED REQUESTED BY SCHOOL:

<table>
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<tr>
<th>LEAVE SCHOOL:</th>
<th>ARRIVE DESTINATION:</th>
<th>LEAVE DESTINATION:</th>
<th>RETURN TO SCHOOL:</th>
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<td>[ ] PM</td>
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#### 9. DURATION OF TRIP:

- [ ] Less Than One Day  
- [ ] One Day  
- [ ] Overnight

#### 10. METHOD OF TRANSPORTATION:

- [ ] School Bus  
- [ ] Walking  
- [ ] Automobile  
- [ ] Public Carrier:  
  - [ ] Airplane  
  - [ ] Boat  
  - [ ] Bus  
  - [ ] Train  
  - [ ] Other

Note: If utilizing a personal automobile or public carrier, please contact the Division of Risk Management and Insurance regarding safety guidelines and procedures, insurance and waivers that may be applicable.

#### 11. BRIEF DESCRIPTION OF EDUCATIONAL BENEFIT TO BE DERIVED FROM THIS ACTIVITY. PLEASE STATE SPECIFICALLY AS AN INSTRUCTIONAL OBJECTIVE (NOT REQUIRED FOR ATHLETIC TRIPS OR YOUTH SERVICES ACTIVITIES.)

The student(s) will

#### 12. TYPE OF ACTIVITIES: (Describe)

- [ ] Inflatable Equipment  
- [ ] Aquatic Activity (e.g. Swimming)  
- [ ] Other

#### HIGH RISK APPROVAL:

- [ ] LOCAL DISTRICT:  
  - [ ] YES  
  - [ ] NO

- [ ] RISK MANAGEMENT:  
  - [ ] YES  
  - [ ] NO

- [ ] OEH&S:  
  - [ ] YES  
  - [ ] NO

Note: Certain activities are not permissible due to the risk and safety of the activity. Please contact your Local District, the Division of Risk Management and Insurance Section and the Office of the Environmental Health and Safety for prior approval.

#### 13. SOURCE OF FUNDS FOR TRIP (community, program for Gifted/Talented, regular program.)

- [ ] Include Program Code and Description:

Note: It is illegal to charge students or parents for participation in any activity for which ADA will be taken.

#### 14. HAVE LOCATIONS OF THE NEAREST EMERGENCY FACILITIES BEEN OBTAINED?  
- [ ] YES  
- [ ] NO

#### 15. HAVE FORMS FOR PARENT'S OR GUARDIAN'S PERMISSION BEEN OBTAINED?  
- [ ] YES  
- [ ] NO

#### 16. IF HIKING OR CAMPING ACTIVITY:

- [ ] Has a ranger, sheriff, police or other emergency personnel been notified of intent to be in the area?  
  - [ ] YES  
  - [ ] NO

- [ ] Has area been checked for potential hazards?  
  - [ ] YES  
  - [ ] NO

- [ ] Has the School Police Department been notified of the trip?  
  - [ ] YES  
  - [ ] NO

- [ ] Has approval been obtained from the Office of Outdoor Education?  
  - [ ] YES  
  - [ ] NO

Name: ____________________  
Signature: ____________________  
Date: ____________________

#### 17. IF A SCHOOL BUS IS TO BE USED FOR TRANSPORTATION, HAS THE APPROPRIATE SCHOOL TRIP FORM BEEN PROCESSED THROUGH THE LOCAL DISTRICT ADMINISTRATION? (Applicable for trips involving Board approval.)  
- [ ] YES  
- [ ] NO

### APPROVALS

- [ ] PRINCIPAL  
  - SIGNATURE: ____________________  
  - DATE: ____________________

- [ ] LOCAL DISTRICT  
  - SIGNATURE: ____________________  
  - DATE: ____________________

- [ ] RISK MANAGEMENT (IF APPLICABLE)  
  - SIGNATURE: ____________________  
  - DATE: ____________________

- [ ] OEH&S (IF APPLICABLE)  
  - SIGNATURE: ____________________  
  - DATE: ____________________

- [ ] CENTRAL OFFICE  
  - SIGNATURE: ____________________  
  - DATE: ____________________

- [ ] BOARD OF EDUCATION (IF APPLICABLE)  
  - SIGNATURE: ____________________  
  - DATE: ____________________

Note: ONLY TRIPS INVOLVING ADMISSION CHARGES AND NON APPROVED SITES MUST BE PROCESSED THROUGH THE APPROPRIATE DIVISIONS. FAX COMPLETED APPLICATION TO (213) 241-8956.
Field Trips Procedures check off list:

- Fill out the Field Trip Packet forms:
  - Request for Funds (Packet in Title I webpage)
  - Request for Approval of school organized trip for students (Packet in Title I webpage)
  - Field Trip Slip (Packet in Title I webpage)
  - Transportation Services Branch – Auxiliary Transportation/Trips (From the Transportation Branch webpage in the LAUSD website)
- Get the appropriate signatures. (Propose trip to the coordinator giving the educational need and learning standard the trip addresses.)
- Prepare a pre activity (such as an anticipation guide, or vocabulary list, etc), an activity during the trip (such as questions to be asked, drawings, observations, etc) and a post activity.
- Submit all completed forms to the Title I Coordinator by the Request for Funds submission deadline (refer to dates posted on the Title I webpage).
- Once your field trip funding has been approved, the Title I Coordinator will arrange for bus transportation.
- You are responsible to arrange for your own substitute.
- If you need other chaperones, please arrange for them as well. Once you do this, please provide the names and if they require substitutes you must obtain approval first.
- Provide a roster containing the names and DOB of all students participating at least two days before.
- Turn in an updated roster to Admissions Office along with the top portion of the trip slips.
- Take a copy of the roster and the bottom portion of the trip slip with you incase you have to contact someone.
- Please communicate with the cafeteria manager approximately two weeks prior to your trip and give her an approximate number of students participating in the field trip who will need lunch from the cafeteria.
- At least 3 days in advance, please get the lunch tickets from your qualified students, and give them to the cafeteria manager. (Form #38.275 – available from the cafeteria manager or the Title I Coordinator)
- Pick up lunches early in the morning the day of the trip from the cafeteria.
- After the field trip, please provide examples of your field trip activity and post activity so that we can keep a record in the Title I office.

Thank you for all your cooperation.