

GALT SCHOOLS TRANSPORTATION DEPARTMENT

Bus ___ of ___

Bus Transportation Request

All requests for transportation must be made through the Transportation Department.

Contact Transportation at Transportation@galt.k12.ca.us for bus availability

Destination:

Address:

City:

Day of Trip:

Leave Date:

Return Date:

The California Code of Regulations (13 CCR 1227a) requires all bus stops be designated in advance of a trip. Please note all necessary stops in the Special Instructions section below. Attach additional sheets if needed.

Buses will not make any unauthorized stops

Leave:

@

Rest Stop Location:

Time Allowed:

Minutes

Arrive Destination: @

Leave Destination: @

Rest Stop Location:

Time Allowed:

Minutes

Arrive:

@

Special Instructions: (list additional stops, times and any special needs equipment) _____**Health Dept Approval:** _____**Itinerary :** (Passengers will load bus 15 minutes prior to departure time)

School Site:

Grade/Dept:

Date of Request:

Purpose of Trip:

Estimated Cost: \$

Requestor:

Supervisor riding bus:

Total # of Passengers:

Total # of Buses:

Supervisor's cell ph. #:

Approval: _____ / _____

School Principal/Athletics Director

District Office

Driver explained emergency equipment/procedures and verified by: _____

BELOW THIS AREA FOR TRANSPORTATION DEPARTMENT USE ONLY

Bus # _____ Start Mileage: _____ End Mileage: _____ Total Miles: _____

Driver Start Time: _____ Driver Finish Time: _____ Driver Hours: _____

Driver's Name: _____ # of adults: _____ # of students: _____

Total Miles: _____ X \$2.50 per mile = \$ _____

Total Hours: _____ X \$30.00 per hour (up to 8 hours) = \$ _____ Total

Hours: _____ X \$40.00 per hour (weekend trips up to 8 hours) = \$ _____ Contracted

Company _____ Charter Charges = \$ _____

TOTAL TRANSPORTATION CHARGES = \$ _____