



Denair Unified School District

Community • Excellence • Commitment

3460 Lester Road • Denair, CA 95316
209-632-7514 • Fax 209-632-9194



BUS REQUEST FOR STUDENT TRIP

FORM MUST BE SUBMITTED TO TRANSPORTATION OFFICE FOUR WEEKS PRIOR TO TRIP DATE

Supervising Teacher _____ Date of Application _____

School _____ Date of Proposed Trip _____

Trip charged to account _____

School Day Trip: Yes No

Class or Organization _____ Alternate Date _____

Number of Students _____ Number of Adult Supervisors _____

Purpose of Trip: Educational Enrichment Reward Competition

Destination _____

Specific objectives that relate to the course of study (Must be completed)

Departure Time: _____ Return Time: _____

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 Approved *Disapproved _____
Principal's Signature Date

*Reason for Disapproval _____

Approved *Disapproved _____
Transportation Manager's Signature Date

*Reason for Disapproval _____
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