**LOS ANGELES UNIFIED SCHOOL DISTRICT**
**REFERENCE GUIDE**

**ATTACHMENT L**

October 26, 2018

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### TODAY’S DATE

(mm/dd/yyyy)

### LOS ANGELES UNIFIED SCHOOL DISTRICT
TRANSPORTATION SERVICES DIVISION
APPLICATION FOR AUXILIARY TRANSPORTATION/TRIP(S)

### FOR OFFICE USE

JOB NO.

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**Funding Source (check one):**
- [ ] Reimbursable
- [ ] Student Body

**Program**
- [ ] FUND
- [ ] AREA
- [ ] PROG CODE

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**SCHOOL**

REQUESTING SCHOOL’S NAME

SCHOOL PHONE NUMBER & EXT.

LOCATION CODE

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**SCHOOL FAX NUMBER**

**ESCC**

**CALENDAR TRACK**

**SCHOOL TYPE**

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**PK-K 1 2 3 4 5 6 7 8 9 10 11 12**

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**CHECK GRADES**

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**RESPONSIBLE ADMINISTRATOR**

**CONTACT PERSON**

**RESPONSIBLE ADMINISTRATOR E-MAIL ADDRESS**

**CONTACT PERSON E-MAIL ADDRESS**

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**DATE(S)**

DATE OF TRIP (OR OF 1st TRIP) (mm/dd/yyyy)

DATE OF LAST TRIP (IF A MULTI-DAY TRIP) (mm/dd/yyyy)

CHECK DAY(S) OF TRIP(S)

**TIMES**

AM PM

AM PM

AM PM

AM PM

REQUESTED PICK UP TIME (hh:mm)

REQUESTED ARRIVAL TIME (hh:mm)

REQUESTED DEPARTURE TIME (hh:mm)

REQUESTED RETURN TIME (hh:mm)

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**# OF PUPILS**

**# OF ADULTS**

**# OF WHEELCHAIRS**

**# OF BUSES REQUIRED**

**IS THIS A ONE-WAY TRIP?**

**SEATBELT / LAP RESTRAINTS**

**STORAGE COMPARTMENTS**

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**IMPORTANT:**

- **ALL TRIPS MUST BE BETWEEN THE HOURS OF 6:00 AM – 2:00 PM UNLESS APPROVED IN ADVANCE BY THE TRANSPORTATION SERVICES DIVISION SENIOR BUS DISPATCHER. ANY QUESTIONS, CONTACT 213-590-2900.**
- **CANNOT EXCEED 65 PASSENGERS PER BUS.**
- **ADDITIONAL PASSENGERS MAY REQUIRE THE SCHEDULING OF AN ADDITIONAL BUS.**

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### 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/yyyy)
   - (mm/dd/yyyy)
   - (mm/dd/yyyy)
   - (mm/dd/yyyy)

4. **DATES TO AVOID**
   - (mm/dd/yyyy)
   - (mm/dd/yyyy)
   - (mm/dd/yyyy)
   - (mm/dd/yyyy)

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### COMMENTS/CHOICES

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### DEPART FROM/FIRST PICK UP

- **SCHOOL / LOCATION NAME**
- **ADDRESS, CITY, ZIP**

### DESTINATION NAME

- **LOCATION CODE (IF APPLICABLE)**
- **PLACE NAME**
- **PHONE NO. & EXT.**
- **ADDRESS, CITY, ZIP**

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### SIGNATURE

**PRINCIPAL/ADMINISTRATOR**

**E-MAIL ADDRESS**

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**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.**

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### FOR TRANSPORTATION DISPATCH USE ONLY:

- **School Journey Tracking #**
- **ROUTE #(S)**

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**ENTRY DATE**

**ENTERED BY**

**REVIEWED BY**

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

**FORM 78.20T REV 05/09**