

STUDENT TRANSPORTATION & TRIP REQUEST

- Office Manager / Administrative Assistant will contact STA to Save-A-Date (661) 946-5686.
- This request will be submitted for approval by the Site Office Manager / Administrative Assistant one month prior to the date of the trip.
- This form will include all required signatures and destination addresses.
- All trips will be charged at a rate of \$67.22 per hour.
- All trips with a destination within Palmdale or Lancaster will be scheduled three per seat unless otherwise requested on this form. All trips outside the Palmdale/Lancaster area will be scheduled two per seat. The Transportation Department will attempt to provide some buses with luggage space on trips when it is needed.
- Form approval tree: To be filled out by Office Manager / Administrative Assistant, submit to → STA → Office Manager / Administrative Assistant → Site Administrator → Assist. Supt. Ed. Serv. → Chief Fiscal Officer → Assist. Supt. Admin. Serv. → Child Nutrition → Executive Assistant to Superintendent **if Board Approval is required.**
- To ensure your trip has been received and scheduled, Office Manager / Administrative Assistant **MUST CALL** the Transportation Department one (1) week prior to the trip at (661) 946-5686.

STUDENT TRANSPORTATION & TRIP REQUEST INFORMATION					
Teachers Name or Group Name		School Name		Date Submitted	
Grade Level		Date Of Trip		Day Of Week	
Number Of Students		Number Of Buses Needed		Number Of Adults Supervising	
Destination		Address Of Destination		Approx. Number Of Miles	
Purpose Of Trip					
Will you need lunches? (Indicate your selection with an X.)	Yes _____	How Many?		No _____	
Will you need storage on the bus for anything other than lunches? (Indicate your selection with an X.)	Yes _____	Please Explain.		No _____	
Departure Time From School (Indicate AM or PM.)			Departure Time From Trip Destination (Indicate AM or PM.)		
Arrival Time At Trip Destination (Indicate AM or PM.)			Arrival Time At School (Indicate AM or PM.)		
Account Number Trip Will Be Charged To			PO #		
Estimated Cost			Justification For Trip		
FOR TRANSPORTATION DEPARTMENT USE ONLY					
Total Hours _____	x \$67.22 Per Hour x	# of Drivers/Buses _____	=	Total Trip Charge \$ _____	
STA Supervisor Signature			Date		
APPROVALS					
Site Administrator Signature			Date		
Assist. Supt. Ed. Serv. Signature			Date		
Chief Fiscal Officer Signature			Date		
Assist. Supt. Admin. Serv. Signature			Date		
FOR SUPERINTENDENT'S OFFICE USE ONLY (BOARD APPROVAL REQUIRED FOR OVERNIGHT AND OR OUT OF STATE TRIPS) (REQUEST MUST BE SUBMITTED TO SUPERINTENDENT'S OFFICE AT LEAST 1 MONTH PRIOR TO TRIP DATE)					
Superintendent Signature			Date		
Board President Signature			Board Meeting Approval Date		