

FIELDTRIP TRANSPORTATION SUPPORT REQUEST

Request forms can be mailed to the address above (Attn: DSBF) or emailed as an attachment to <a href="mailed-e

| Please complete the following: | |
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| DATE TRANSPORTATION SUPPORT REQUEST SUE | BMITTED: |
| SCHOOL REQUESTING GRANT FUNDS: | |
| ADDRESS: | |
| PHONE NUMBER: | |
| SCHOOL DISTRICT: | |
| TEACHER IN CHARGE OF FIELD TRIP: | |
| TEACHER EMAIL: | PHONE: |
| GRADE LEVEL(S)/NUMBER OF STUDENTS: | / |
| NUMBER OF TEACHERS / PARENT CHAPERONES: | ·/ |
| NUMBER OF BUSSES NEEDED: (Number of adult | chaperones does not count towards an additional bus: |
| DATE OF FIELD TRIP (Must be already scheduled, | /confirmed with park) |
| FIELD TRIP'S RELATION TO THE CA STATE GRADE second page, if needed): | LEVEL CURRICULUM (Use additional back of this form or |
| · | ite Beach and the State of California shall be held harmless tation of any students, teachers or chaperones/parents to and the field trip. |
| School Principal: | Date: |