

**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT  
TRANSPORTATION BUS REQUEST (form 203)  
FOR CLASSROOM FIELD TRIP (TRA-F006)**

**This form must be completed & turned into Jewel even if utilizing a charter bus.**

ALL Field Trips are booked on a first come first serve basis upon receipt by date in the Field Trip Office.

Please send completed form to Jewel Parker: Jewel-Parker@scusd.edu, 916-395-5720 x2 or 470014

**ALL FORMS MUST BE COMPLETELY FILLED OUT. INCOMPLETE FORMS WILL BE RETURNED.**

School Code # \_\_\_\_\_ **School Name:** \_\_\_\_\_

**Teachers Name(s):** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **# of Students:** \_\_\_\_\_ **# of Adults:** \_\_\_\_\_ **# of Classes:** \_\_\_\_\_

**# of SPED Students:** \_\_\_\_\_ **# of Wheelchairs:** \_\_\_\_\_ circle: L.D. S.D. R.S.P. Other

**Budget Code:**  
(Mandatory) \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
Principal Name and Signature

**1<sup>st</sup> Choice** **Date Desired:** \_\_\_\_\_

**Pick-Up Time:** \_\_\_\_\_ **Tour Time:** \_\_\_\_\_ **Destination Leave Time:** \_\_\_\_\_

**Destination Name and Address:** \_\_\_\_\_

**2<sup>nd</sup> Choice** **Date Desired:** \_\_\_\_\_

**Pick-Up Time:** \_\_\_\_\_ **Tour Time:** \_\_\_\_\_ **Destination Leave Time:** \_\_\_\_\_

**Destination Name and Address:** \_\_\_\_\_

**FOR FIELD TRIP OFFICE USE ONLY**  
**TRIP CONFIRMATION**

Transportation Trip Sequence # \_\_\_\_\_ **Date Entered:** \_\_\_\_\_

**Charter Name and Trip # (if using)** \_\_\_\_\_

**Scheduled Date:** \_\_\_\_\_ **# of Busses:** \_\_\_\_\_

**Pick-Up Time:** \_\_\_\_\_ **Tour Time:** \_\_\_\_\_ **Destination Leave Time:** \_\_\_\_\_

**IT IS MANDATORY THAT ALL SHADED AREAS MUST BE FILLED OUT.**