

SONOMA VALLEY UNIFIED SCHOOL DISTRICT

FIELD TRIP TRANSPORTATION REQUEST FORM

Field Trip Quote for: _____ Requester: _____

Phone: _____ EXT. _____ Email: _____

Trip Date: _____ Pick-Up Location: _____

Departure Date & Time: _____ Return Date & Time: _____

Destination (Name): _____

Address: _____

Of Passengers: _____ Students: _____ Adults: _____ # of Busses _____

Contact Person On Location: _____ Phone: _____

All Trip requests must be submitted 21 days in advance.

All Field Trips are to be taken between Daily routes. *Earliest pick up from school is 8:30 AM.*

Field Trips must RETURN to school by *2:00 PM* unless prior arrangements are made.

NO Field Trips on Wednesday & Short Days (Sports is the exception)

*** In town trips will be charged a flat fee of **\$95.00** (School District Boundary Line)

*** Sugarloaf, Sonoma Raceway & Napa Downtown **\$120.00**

*** **Out of Town Trips**

4 Hours Minimum X \$125.00 = \$500.00

Additional hours: _____ X \$75.00 = \$ _____

Total Amount of Trip: \$ _____

- All tolls or parking fees to be paid by the Teacher.
- For the safety of our students, no unauthorized person(s) should be allowed to ride the bus.
- Teacher will be responsible for Students counting onboarding and offboarding.
- All Field, Athletic, and Special Services trips require that **Teacher(s)** must be on board and is responsible for the student's safety and discipline.
- In the event of a cancellation, notify the Transportation Office immediately at 707-935-6092.
- \$25.00 Cleaning Fee will be charged if the bus needs extra cleaning after the trip.
- Make a copy of this request for your records.
- Fees will apply unless written cancellation is received 2 business days prior to Field Trip Date.

Signature of Teachers: _____ Date: _____

School Office Use

Principal Approval: _____ Date Received Form: _____ Sent to Transportation _____
 Account Being Billed _____

Transportation Office Use

Approved _____ Number of buses assigned _____ Reg. _____ W/C _____
 Estimated Cost of Trip _____ Extra Time _____ Total _____
 Denied _____ Reason for Denial _____
 Signature _____ Date _____

*****Email your Request to: Transportation@sonomaschools.org