

Gustine Unified School District

DISTRICT OFFICE
1500 Meredith Ave.
Gustine, Ca 95322
209-854-3784

TRANSPORTATION OFFICE
1500 Meredith Ave
Gustine, Ca 95322
209-854-2607 CELL 985-6309

BUS TRANSPORTATION REQUEST

SCHOOL: _____ **DATE** _____

VEHICLE REQUESTED: **BUS** _____ **MINI BUS** _____

DATE(S) NEEDED ___ / ___ / ___ **MILES** _____ **NUMBER OF STUDENTS** _____

DEPARTURE TIME: _____ **AM/PM** **ARRIVAL @ HOME:** _____ **AM/PM**

DESTINATION: _____

PURPOSE OF TRIP: _____

NAME OF ADULT IN CHARGE _____

LIST ANY PLANNED STOPS: _____

EX: FOOD OR RESTROOM STOPS

NO STOPS WILL BE MADE WITHOUT PRIOR APPROVAL

YOUR REQUEST TO USE SCHOOL VEHICLE HAS BEEN

_____ **APPROVED** _____ **DISAPPROVED** _____
PRINCIPAL SIGNATURE

FUNDING SOURCE: (EX. ASB, PARENT CLUB, SIP) _____
FILL IN PLEASE

YOUR SCHOOL VEHICLE HAS BEEN RESERVED _____
TRANSPORTATION DIRECTOR SIGNATURE

ASSIGNED DRIVER _____ **VEHICLE #** _____

ODOMETER READING _____ **ENDING** _____
BEGINNING _____

MILEAGE TOTAL _____

DRIVER TIME: _____ **START TIME** _____ **FINISH TIME** _____