

Official Use Only

Trip # _____
Bus # _____
Driver: _____
Confirmation: _____

Office of John G. Mendiburu, Ed.D.
Kern County Superintendent of Schools
1300 17th Street – CITY CENTRE
Bakersfield, CA 93301-4533

Please check

Estimate

Schedule

FIELD TRIP REQUEST

School: _____ Date of Trip: _____

Contact: _____ Phone #: _____

Contact E-mail: _____ Activity: _____

Number of students: _____ Adults: _____ Wheelchairs: _____ Age Level: _____

List each stop separately, please provide exact pick-up location:

Pick-up location: _____ Time: _____

Destination: _____ Time: _____

Return Trip:

Pick-up location: _____ Time: _____

Destination: _____ Time: _____

Please note any additional stops or special information:

Trip requests shall be submitted 10 days in advance of the trip. Please e-mail your request to: kcsosfieldtrips@kern.org indicating a need for an estimate; your estimate will be returned within 48 hours. Please obtain your directors signature, scan and e-mail approval within 72 hours; your trip, then, will be secured for the date(s) requested. Any questions regarding field trips, please contact the transportation office at 661-852-5800. Thank you for giving us the opportunity to provide your transportation needs.

Request Submitted by: _____ Date: _____

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Passenger Count:	Students : _____
	Adults : _____
Total Count: _____	W/C : _____
Estimate	
Mileage: _____ \$: _____	
Hours: _____ \$: _____	
Small _____ Large _____	Total # of Buses: _____
Estimated Total Per Bus \$ _____	Total \$ _____

Bill to: _____

Budget #: _____

or

Address: _____

Directors Approval:
