

**PACIFIC GROVE UNIFIED SCHOOL DISTRICT
REQUEST FOR OFF CAMPUS ACTIVITY**

INSTRUCTIONS: Submit this form to the Transportation Department if transportation requires use of buses or vans. Other forms go directly to Business Office. After District and/or Board approval, the form will be returned to the school site. For in-state or non-overnight activities submit form two weeks in advance of activities.

BOARD APPROVAL IS REQUIRED FOR ALL OUT-OF-COUNTY, OUT-OF-STATE, OR OVERNIGHT ACTIVITIES. THE REQUEST MUST BE APPROVED BY THE BOARD PRIOR TO THE EVENT, THEREFORE THE REQUEST MUST BE SUBMITTED AT LEAST TWO (2) WEEKS PRIOR TO THE BOARD MEETING PRIOR TO THE EVENT

Date of Activity _____ Day of Activity _____

Place of Activity _____

School _____ Grade Level _____

School Departure Time _____ AM _____ PM _____

Pickup Time **From** Place of Activity _____ AM _____ PM _____

Name of Employee Accompanying Students _____

Number of Adults _____ Number of Students _____

Class or Club _____

Description of Activity _____

Education Objective _____

List All Stops _____

Means of Transportation: () 84 Passenger () 72 Passenger () 48 Passenger () 18 Passenger
() Charter () Auto* () Walk () Other** _____

***#’s 1, 2, 3, 5, 6, & 7 Must Be Completed Before Submitting To The Business Office /Transportation Department ***

1. NOTE: Board Regulation 3541.1 Requirements Will Be Complied With When Using Private Autos _____ (Teachers Initials)	
2. If using vans, you MUST list who the drivers are. _____	
3. Cost of Activity \$ _____	
4. Cost of Transportation \$ _____	
Total Cost (Activity + Transportation) \$ _____	
5. Fund to be Charged for all activity expenses:	() Acct. Code _____ () Students _____ () Other _____
6. Requested By _____ / _____ Date _____ Employee’s Signature AND Printed Name (Employee accompanying students on activity)	
7. Recommend Approval _____ Date _____ Principal’s Signature	

**.....
Transportation Department/District Office Use Only
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Bus(s) () Available () Not Available Date Received _____

Cost Estimate \$ _____

Approved By _____ Date _____

Transportation Supervisor

Approved By _____ Date _____

Assistant Superintendent

Date of Board Approval _____