



## Galt JUESD School Transportation Procedures:

**Step 1:** All Bus Transportation requests for transportation must be made through the Transportation Department 2 weeks prior to the field trip.

**Step 2:** Email Transportation request (Ghost Copy-no signatures) at [Transportation@galt.k12.ca.us](mailto:Transportation@galt.k12.ca.us) for availability.

**Step 3:** Transportation will reply received and confirmed, and book the trip on the calendar.

**Step 4:** Once availability has been confirmed provide the signed copies to [transportation@galt.k12.ca.us](mailto:transportation@galt.k12.ca.us) no later than 3 business days after confirmation.

**Step 5:** Secretary scans the funding requisition, no later than 3 days after approval from transportation with the following **(Electronic Copy Only):**

- a. Include a copy of the submitted transportation order with signatures including **Health Signature**, requisition cover page with funding information to [fiscalgjuesd@galt.k12.ca.us](mailto:fiscalgjuesd@galt.k12.ca.us), **Subject** line on email:  
Fieldtrip

*Note: If Health signature is not provided on the form, the field trip may be denied or delayed.*

Any question in regards to your transportation order status, please email: [transportation@galt.k12.ca.us](mailto:transportation@galt.k12.ca.us)

---

### MISSION STATEMENT

The school district's mission is to promote growth and achievement through innovative educational programs that integrate personal strengths, social-emotional and academic learning for all children.

Superintendent: Lois Yount | Chief Business Official: Alejandra Garibay  
Curriculum Director: Claudia Del Toro-Anguiano | Educational Services Director: Kuljeet Nijjar  
**Board of Trustees:** Wesley Cagle, Traci Skinner, Casey Raboy, Annette Kunze, Katherine Harper

# GALT SCHOOLS TRANSPORTATION DEPARTMENT TRIP REQUEST Bus \_\_\_ of \_\_\_

**Bus Transportation Request Instructions:**  
 Step 1: All Bus Transportation requests for transportation must be made through the Transportation Department 2 weeks prior to field trip.  
 Step 2: Email Transportation request (Ghost Copy-no signatures) at Transportation@galt.k12.ca.us for availability  
 Step 3: Transportation will reply received and confirmed, and book the trip on the calendar.  
 Step 4: Once availability has been confirmed provide the signed copies to transportation@galt.k12.ca.us

**Destination:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Day of Trip:** \_\_\_\_\_ **Leave Date:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

The California Code of Regulations (13 CCR 1227a) requires all bus stops be designated in advance of a trip. Please note all necessary stops in the Special Instructions section below. Attach additional sheets if needed.  
**Buses will not make any unauthorized stops**

**Leave School Site Location: Rest** \_\_\_\_\_ **Time Leaving Location** \_\_\_\_\_  
**Stop Location: Arrive** \_\_\_\_\_ **Time Allowed:** \_\_\_\_\_ **Minutes** \_\_\_\_\_  
**Rest Stop Destination: @** \_\_\_\_\_  
**Rest Stop Leave** \_\_\_\_\_  
**Destination: @ Rest Stop Location:** \_\_\_\_\_ **Time Allowed:** \_\_\_\_\_ **Minutes** \_\_\_\_\_  
**Return Location:** \_\_\_\_\_ **Time Return to Site:** \_\_\_\_\_  
**Special Instructions: (list additional stops, times and any special needs equipment)**  
 \_\_\_\_\_

**Health Dept. Approval) Print Name:** \_\_\_\_\_ **Sign:** \_\_\_\_\_

**Itinerary :** (Passengers will load bus 15 minutes prior to departure time)

**School Site:** \_\_\_\_\_ **Grade/Dept** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_  
**Purpose of Trip:** \_\_\_\_\_ **Estimated Cost: \$** \_\_\_\_\_  
**Requestor:** \_\_\_\_\_ **Supervisor riding bus:** \_\_\_\_\_  
**Total # of Passengers:** \_\_\_\_\_ **Total # of Buses:** \_\_\_\_\_ **Supervisor's cell ph. #:** \_\_\_\_\_  
 Teacher Name Request \_\_\_\_\_

**Approval:** \_\_\_\_\_ / \_\_\_\_\_  
School Principal/Athletics Director District Office

**Driver explained emergency equipment/procedures and verified by:** \_\_\_\_\_

### BELOW THIS AREA FOR TRANSPORTATION DEPARTMENT USE ONLY

**Bus #** \_\_\_\_\_ **Start Mileage:** \_\_\_\_\_ **End Mileage:** \_\_\_\_\_ **Total Miles:** \_\_\_\_\_  
**Driver Start Time:** \_\_\_\_\_ **Driver Finish Time:** \_\_\_\_\_ **Driver Hours:** \_\_\_\_\_  
**Driver's Name:** \_\_\_\_\_ **# of adults:** \_\_\_\_\_ **# of students:** \_\_\_\_\_

**Total Miles:** \_\_\_\_\_ **X \$2.50 per mile** = \$ \_\_\_\_\_  
**Total Hours:** \_\_\_\_\_ **X \$30.00 per hour (up to 8 hours)** = \$ \_\_\_\_\_ **Total**  
**Hours:** \_\_\_\_\_ **X \$40.00 per hour (weekend trips up to 8 hours)** = \$ \_\_\_\_\_ **Contracted**  
**Company** \_\_\_\_\_ **Charter Charges** = \$ \_\_\_\_\_  
**TOTAL TRANSPORTATION CHARGES** = \$ \_\_\_\_\_