

**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 \***

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

**.....  
Transportation Department/District Office Use Only**

Bus(s) ( ) Available ( ) Not Available Date Received \_\_\_\_\_

Cost Estimate \$ \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
Transportation Supervisor

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
Assistant Superintendent

Date of Board Approval \_\_\_\_\_