



FULLERTON JOINT UNION HIGH SCHOOL DISTRICT

DISTRICT TRANSPORTATION CENTER

Tel: (714) 680-5650 Fax: (714) 870-6015

Application & Agreement for Use of School Buses

DATE OF REQUEST:

REQUESTING ORGANIZATION:

PURPOSE OF TRIP:

OF STUDENTS:

ADULTS:

DEPART DATE:

DAY OF WEEK:

mm/dd/yy

Site Departure Time:

AM

PM

Destination Arrival Time:

AM

PM

RETURN DATE:

DAY OF WEEK:

mm/dd/yy

Site Return Time:

AM

PM

Destination Arrival Time:

AM

PM

DEPART FROM (LOCATION NAME):

ADDRESS OF PICKUP LOCATION:

Trip Special Instructions (if any):

DESTINATION NAME:

DESTINATION ADDRESS/CITY:

Name of Contact Person:

TITLE:

PHONE:

SIGNATURE OF APPLICANT 

E-MAIL ADDRESS:

DATE:

The above states that to the best of their knowledge, the school property for the use of which application is hereby made will not be used for the commission of any act which is prohibited by law, or for the commission of any crime including, but not limited to the crime specified in Sections 11400 to 11401 of the California Penal Code.

Applicant hereby agrees to hold the Fullerton Joint Union High School District (FJUHS), the Board of Trustees, individual members thereof, and all District officers, agents and employees free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use of school property.

Applicant likewise agrees to hold FJUHS free and harmless from any loss, damage, liability, cost or expense that may arise through the non-availability of equipment because of necessary school use or an "act of God".

DO NOT WRITE BELOW THIS LINE

(FOR TRANSPORTATION USE ONLY)

Approved:

Director of Transportation

Date:

Trip #:

Dispatcher Review:

Input Date:

Input By: