

Colorado City Unified School District #14
325 N. Cottonwood Street
Colorado City, AZ 86021
(928)-875-9000

Special Trip Authorization Form

Grade or Department _____

Date of Trip _____

Destination: _____

Bus Driver _____

Bus Number _____

Purpose of Trip: _____

Leave CCUSD	Estimated _____	Actual _____	Arrival	Estimated _____	Actual _____
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Return CCUSD	Estimated _____	Actual _____	Arrival	Estimated _____	Actual _____
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Number of Students _____ Number of Adults _____

Rest Stops _____

Overnight Arrangements _____

Chaperones Attending _____

Teacher or Supervisor Attending Trip _____

Trip Authorized by _____

THIS SECTION TO BE COMPLETED BY DRIVER

Miles:

Leave CCUSD _____ Arrive @ Destination _____

Leave Destination _____ Arrive @ CCUSD _____

Total Mileage _____ Return Time _____

I verify that the trip was completed as authorized.

Bus Driver _____

Date _____