

COMPLETE ALL INFORMATION AND RETURN TO JIM SWIFT

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS
TRANSPORTATION/FIELD TRIP REQUEST FORM

09.36 AP.21

TODAY'S DATE 8/4/2022 ☐ Elementary ☒ High School ☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Austin Bralley

Date(s) of Trip October 15, 2022 Departure Time ~10:00am Return Time ~11:00pm

**If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.211) then faculty/staff member(s) sponsoring this trip are responsible to ensure buses/mode of transportation comply with procedure related to foods on trip.*

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip, Specify Class _____
- ☐ Class Trip (i.e. Junior, Senior), Specify _____
- ☐ Organization/Club Trip, Specify _____
- ☒ Other (athletic, band, if applicable), Specify Marching Band

****DESTINATION** George Rogers Clark HS Miles (one way) to destination: 95
City/State Winchester, KY

☐ Overnight: Give name of lodging and address _____

TRANSPORTATION

3 Number of **Buses** needed (1 driver per bus unless otherwise indicated) or ☐ Suburban ☐ Van

See 09.36 AP.212

****Does trip exceed 100 miles?** ☐ Yes ☒ No **If Yes, trip requires Board of Education approval.**

THIS SECTION COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Available ☒ Yes ☐ No Suburban Available ☐ Yes ☐ No Van Available ☐ Yes ☐ No
Bus # _____ has been reserved.

Transportation Supervisor _____

Signature

Date

☐ Use of Common Carrier in Lieu of School Bus Procedure 09.36
(Complete Use of Common Carrier form, requires Board of Education approval)

☐ Private Vehicle, if allowed by policy. Specify Driver(s) _____

Purpose/Educational Value George Rogers Clark Band Invitational

Number of days absent from school 0 Number of: Students Going on Trip ~90 Faculty/Staff 4

Other Chaperones 9 **ARE ALL CHAPERONES ON THE VOLUNTEER LIST?** ☒ YES ☐ NO
IF NO, THEY WILL NEED TO COMPLETE THE YOUTH LEADER FORM AND BE APPROVED PRIOR TO CHAPERONING.

SUPERVISION – Attach a list of names of adults accompanying students on trip.

Trip Approved

☒ Yes ☐ No

Principal

Signature

Date

Trip Approved

☒ Yes ☐ No

Superintendent/Designee

Signature

Date

☐ Yes ☐ No

Board of Education

Signature

Date

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STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS
TRANSPORTATION/FIELD TRIP REQUEST FORM

09.36 AP.21

TODAY'S DATE 8/22/2022

☐ Elementary

☒ High School

☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Austin Bralley

Date(s) of Trip October 22, 2022

Departure Time ~11:00am

Return Time ~7:00pm

**If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.211) then faculty/staff member(s) sponsoring this trip are responsible to ensure buses/mode of transportation comply with procedure related to foods on trip.*

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip, Specify Class _____

☐ Class Trip (i.e. Junior, Senior), Specify _____

☐ Organization/Club Trip, Specify _____

☒ Other (athletic, band, if applicable), Specify Marching Band

****DESTINATION** Estill County HS

Miles (one way) to destination: 121

City/State Irvine, KY

☐ Overnight: Give name of lodging and address _____

TRANSPORTATION

3 Number of **Buses** needed (1 driver per bus unless otherwise indicated) or

☐ Suburban

☐ Van

See 09.36 AP.212

****Does trip exceed 100 miles?** ☒ Yes ☐ No **If Yes, trip requires Board of Education approval.**

THIS SECTION COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Available ☒ Yes ☐ No

Suburban Available ☐ Yes ☐ No

Van Available ☐ Yes ☐ No

Bus # _____ has been reserved.

Transportation Supervisor _____

Signature

Date

☐ Use of Common Carrier in Lieu of School Bus

Procedure 09.36

(Complete Use of Common Carrier form, requires Board of Education approval)

☐ Private Vehicle, if allowed by policy. Specify Driver(s) _____

Purpose/Educational Value KMEA State Quarter Finals (Regionals)

Number of days absent from school 0

Number of: Students Going on Trip ~90

Faculty/Staff 4

Other Chaperones 9

ARE ALL CHAPERONES ON THE VOLUNTEER LIST? ☒ YES ☐ NO

IF NO, THEY WILL NEED TO COMPLETE THE YOUTH LEADER FORM AND BE APPROVED PRIOR TO CHAPERONING.

SUPERVISION – Attach a list of names of adults accompanying students on trip.

Trip Approved

☒ Yes ☐ No

Principal

Signature

Date

Trip Approved

☒ Yes ☐ No

Superintendent/Designee

Signature

Date

☒ Yes ☐ No

Board of Education

Signature

Date

Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: November 2018

COMPLETE ALL INFORMATION AND RETURN TO JIM SWIFT

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS
TRANSPORTATION/FIELD TRIP REQUEST FORM

09.36 AP.21

TODAY'S DATE 8/4/2022

☐ Elementary

☒ High School

☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Austin Bralley

Date(s) of Trip November 11-13

Departure Time ~1:00pm Nov 11

Return Time ~10:00pm Nov 12

**If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.211) then faculty/staff member(s) sponsoring this trip are responsible to ensure buses/mode of transportation comply with procedure related to foods on trip.*

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip, Specify Class _____

☐ Class Trip (i.e. Junior, Senior), Specify _____

☐ Organization/Club Trip, Specify _____

☒ Other (athletic, band, if applicable), Specify Marching Band

****DESTINATION** Lucas Oil Stadium Miles (one way) to destination: 123

City/State Indianapolis, IN

☒ Overnight: Give name of lodging and address Camp Dellwood - 2301 N Girls School Rd, Indianapolis, IN 46214

TRANSPORTATION

3 Number of Buses needed (1 driver per bus unless otherwise indicated) or ☐ Suburban ☐ Van

See 09.36 AP.212

****Does trip exceed 100 miles?** ☒ Yes ☐ No **If Yes, trip requires Board of Education approval.**

THIS SECTION COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Available ☒ Yes ☐ No Suburban Available ☐ Yes ☐ No Van Available ☐ Yes ☐ No

Bus # _____ has been reserved.

Transportation Supervisor _____

Signature

Date

☒ Use of Common Carrier in Lieu of School Bus

Procedure 09.36

(Complete Use of Common Carrier form, requires Board of Education approval)

☐ Private Vehicle, if allowed by policy. Specify Driver(s) _____

Purpose/Educational Value BOA Grand National Championships

Number of days absent from school 0 Number of: Students Going on Trip ~90 Faculty/Staff 4

Other Chaperones 9

ARE ALL CHAPERONES ON THE VOLUNTEER LIST? ☒ YES ☐ NO

IF NO, THEY WILL NEED TO COMPLETE THE YOUTH LEADER FORM AND BE APPROVED PRIOR TO CHAPERONING.

SUPERVISION – Attach a list of names of adults accompanying students on trip.

Trip Approved

☒ Yes ☐ No

Principal

Signature

Date

Trip Approved

☒ Yes ☐ No

Superintendent/Designee

Signature

Date

☒ Yes ☐ No

Board of Education

Signature

Date

Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: November 2018