

COMPLETE ALL INFORMATION AND RETURN TO TRANSPORTATION

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS
TRANSPORTATION/FIELD TRIP REQUEST FORM

09.36 AP.21

TODAY'S DATE 3/3/23

☒ Elementary

☐ High School

☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Stephanie Wessel & Rachael Fait

Date(s) of Trip 5/24/23 - 5/28/23

Departure Time 7:00 AM

Return Time 4:00 pm

**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 DM World Finals

☐ Other (athletic, band, if applicable), Specify _____

**DESTINATION Michigan State U Miles (one way) to destination: 252

City/State East Lansing, Michigan

☒ Overnight: Give name of lodging and address campus dorms

TRANSPORTATION

____ 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]

Signature

3-6-23

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 We will use the van to transport props

Number of days absent from school 3 Number of: Students Going on Trip 7 Faculty/Staff 2

Other Chaperones _____

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]

Signature

3/6/23

Date

Trip Approved

☒ Yes ☐ No

Superintendent/Designee [Signature]

Signature

3/7/23

Date

☐ Yes ☐ No

Board of Education _____

Signature

Date