

COMPLETE ALL INFORMATION AND RETURN TO TRANSPORTATION

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS

09.36 AP.21

TRANSPORTATION/FIELD TRIP REQUEST FORM

TODAY'S DATE 5/10/2023

Elementary

High School

Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Boys High School Basketball

Date(s) of Trip June 8th

Departure Time 10:30am

Return Time N/A

\*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 Summer Team Basketball Camp

\*\*DESTINATION Transylvania University Miles (one way) to destination: 85  
City/State Lexington, KY

Overnight: Give name of lodging and address Transylvania University Dorms

TRANSPORTATION

1 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

5-15-23  
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 Improve as both a basketball team and individually

Number of days absent from school 0 Number of: Students Going on Trip Around 32 Faculty/Staff 4

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

5-15-23  
Date

Trip Approved

Yes  No

Superintendent/Designee \_\_\_\_\_  
Signature

5/15/23  
Date

Yes  No

Board of Education \_\_\_\_\_  
Signature

Date