

Not sure if this has already approved.

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS

09.36 AP.21

TRANSPORTATION/FIELD TRIP REQUEST FORM

COMPLETE ALL INFORMATION AND RETURN TO JIM SWIFT

TODAY'S DATE 7/18/23 Elementary High School Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Booth
Date(s) of Trip 7/24-7/25 Departure Time 6:00 AM Return Time 3:00 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 _____
- Other (athletic, band, if applicable), Specify Boys Golf Team

**DESTINATION Lexington Golf Course Miles (one way) to destination: _____
City/State Lexington, KY

Overnight: Give name of lodging and address 2100 Hackney Pl, Lexington KY

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 Jim Ho Signature Jim Ho Date Approved

- 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 _____
Number of days absent from school _____ Number of: Students Going on Trip _____ Faculty/Staff _____

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 [Signature] Date 7/19/2023

Trip Approved
 Yes No Superintendent/Designee [Signature] Signature [Signature] Date 7/21/2023
 Yes No Board of Education [Signature] Signature [Signature] Date _____