

STUDENTS BEECHWOOD INDEPENDENT SCHOOLS 09.36 AP.21 **TRANSPORT/FIELD TRIP REQUEST FORM**

TODAY'S DATE 10/16/23 Elementary High School Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Tricia Sturgeon

Date(s) of Trip Oct. 27th - 28th Departure Time 3:30 pm Return Time Oct. 28th 12 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. Also, staff are required to know where AED's are located if applicable. SEE BELOW.*

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip; Specify Class _____ Class Trip (i.e. Junior, Senior) ,Specify _____
- Organization/Club Trip, Specify _____ Other (athletic, band), Specify Cross-Country State Meet

**DESTINATION KY Horse Park Miles (one way) to destination: 103 City/State Lexington, KY

Overnight: Give name of lodging and address Comfort Suites 121 Darby Dr Georgetown, KY 40324

TRANSPORTATION

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

Does the trip exceed 100 miles? Yes No **If Yes, trip requires Board of Ed approval. See Below.

THIS SECTION COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Available Yes No Bus # _____ has been reserved.

Suburban Available Yes No

Van Available Yes No

Transportation Supervisor _____ Signature Date _____

Use of Common Carrier in Lieu of School Bus Procedure 09.36

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

Purpose/Educational Value XC State Meet Number of days absent from school 0 Number of: Students Going on Trip 26 Faculty/Staff 3 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 Date 10/16/2023

Trip Approved

Yes No Superintendent/Designee _____ Signature Date _____

Yes No Board of Education _____ Signature Date _____

MUST COMPLETE PAGE 2 AS WELL and turn in with request form.

OVERNIGHT