

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

TODAY'S DATE 2-27-24  Elementary  High School  Guardian Angel

Faculty/Staff/Coach/Sponsor(s) KEVIN GRAY

Date(s) of Trip 5/3/24 Departure Time 4:30PM Return Time 7:00 PM (5-4-24)

**\*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 BASEBALL VARSITY

**\*\*DESTINATION** HARRISON Co./HAZARD Miles (one way) to destination: 200 City/State HAZARD KY

Overnight: Give name of lodging and address \_\_\_\_\_

**TRANSPORTATION (to be completed by Requestor)**

FORM has been completed and approved by Jim Swift and is on the Transportation Spreadsheet.

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

- Use of Common Carrier in Lieu of School Bus Procedure 09.36 (1 BUS)
- Private Vehicle, if allowed by policy. Specify Driver(s) \_\_\_\_\_

Purpose/Educational Value ATHLETICS Number of days absent from school 0

Number of: Students Going on Trip 30 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.** N/A

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

**Trip Approved**

Yes  No Principal [Signature] Signature Date 2/27/24

**Trip Approved**

Yes  No Superintendent/Designee \_\_\_\_\_ Signature Date \_\_\_\_\_

Yes  No Board of Education if applicable \_\_\_\_\_ Signature Date \_\_\_\_\_

Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 Review/Revised: November 2018 Page 1 of 1

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