

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

**TODAY'S DATE** 3/25/24  Elementary  High School  Guardian Angel (6th - 7th grade)

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

Date(s) of Trip 5/21/24 - 5/25/24 Departure Time 4:00 PM Return Time 7:00 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. 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 OM  Other (athletic, band), Specify \_\_\_\_\_

**\*\*DESTINATION** Iowa State Ames, Iowa Miles (one way) to destination: 616 City/State Ames, Iowa

Overnight: Give name of lodging and address 2433 Union Drive, Ames, IA 50011

**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

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

Purpose/Educational Value World Finals Number of days absent from school 3

Number of: Students Going on Trip 12 Faculty/Staff 2 Other Chaperones 12

**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 Date \_\_\_\_\_

**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.**