

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

TODAY'S DATE 8-5-24  Elementary  High School  Guardian Angel  
Faculty/Staff/Coach/Sponsor(s) Jay Volker  
Date(s) of Trip Aug. 23 Departure Time 12:00 Return Time 12:00 AM

*\*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 FOOTBALL GAME

**\*\*DESTINATION** CORBIN HS Miles (one way) to destination: 166 City/State CORBINKY  
 Overnight: Give name of lodging and address N/A

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

FORM has been completed and approved by Brian Wever 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 ATHLETICS Number of days absent from school —

Number of: Students Going on Trip 60 Faculty/Staff 10 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.

<b>Trip Approved</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Principal <u>Alan Yahr (Signature)</u> Signature Date <u>8.5.24</u>
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<b>Trip Approved</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Superintendent/Designee <u>(Signature)</u> Signature Date <u>8.5.24</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Board of Education if applicable _____ Signature Date _____
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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.**