

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

TODAY'S DATE 10/21/24 Elementary Middle School High School Guardian Angel
Faculty/Staff/Coach/Sponsor(s) Brittany Griffith
Date(s) of Trip 11/20/24 Departure Time 8:30 Return Time 4:30

**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 7+8 Grade Class Trip (i.e. Junior, Senior) ,Specify _____
 Organization/Club Trip, Specify _____ Other (athletic, band), Specify _____

****DESTINATION** COSI Miles (one way) to destination: 110 City/State Columbus, OH 10
 Overnight: Give name of lodging and address _____

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 See Attached Number of days absent from school 0
Number of: Students Going on Trip 21 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 10/21/24

Trip Approved
 Yes No Superintendent/Designee _____ Signature Date _____
 Yes No Board of Education if applicable _____ Signature Date _____

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