

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

TODAY'S DATE 2/5/25 ☐ Elementary ☒ High School ☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Bralley/Starks (Starks will be going)

Date(s) of Trip March 7-8, 2025 Departure Time 5:30am 3/7 Return Time 8pm 3/8

**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 MS All State Band

****DESTINATION** Glema Mahr Center for the Arts Miles (one way) to destination: 249 City/State Madisonville, KY

☒ Overnight: Give name of lodging and address Baymont by Wyndham Madisonville, 1891 Lantaff Blvd, Madisonville, KY 42431

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 MS All-State Band Number of days absent from school 1

Number of: Students Going on Trip 3 Faculty/Staff 1 Other Chaperones 0

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 2/5/2025

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.