STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS

09.36 AP.21

TRANSPORTAION/FIELD TRIP REQUEST FORM

COMPLETE ALL INFORMATION AND RETURN TO TRANSPORTATON

TODAY'S DATE 8/25/2025 ☐ Elementary ☒ High School ☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Varsity Boys Basketball Team - Ross Hart

Date(s) of Trip 12/26 - 12/28 Departure Time _____ Return Time _____

**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.*

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip, Specify Class _____

☐ Class Trip (i.e. Junior, Senior), Specify _____

☐ Organization/Club Trip, Specify _____

☒ Other (athletic, band, if applicable), Specify Basketball Tournament

****DESTINATION** Campbellsville High School Miles (one way) to destination: 159

City/State Campbellsville, Kentucky

☒ Overnight: Give name of lodging and address TBD

TRANSPORTATION

1 Number of **Buses** needed (1 driver per bus unless otherwise indicated) or ☐ **Suburban** ☐ **Van**

See 09.36 AP.212

****Does trip exceed 100 miles?** ☒ Yes ☐ No **If Yes, trip requires Board of Education approval.**

THIS SECTION COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Available ☐Yes ☐No Suburban Available ☐Yes ☐No Van Available ☐Yes ☐No

Bus #_____ has been reserved.

Transportation Supervisor _____

Signature Date

☐ Use of Common Carrier in Lieu of School Bus Procedure 09.36

(Complete Use of Common Carrier form, requires Board of Education approval)

☐ Private Vehicle, if allowed by policy. Specify Driver(s) _____

Purpose/Educational Value Playing in Holiday Tournament against out of town teams

Number of days absent from school 0 Number of: Students Going on Trip 15 Faculty/Staff 3-4

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.

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

Trip Approved

☑Yes ☐No Principal _____ 8/25/2025

Signature Date

Trip Approved

☐Yes ☐No Superintendent/Designee_____

Signature Date

☐Yes ☐No Board of Education _____

Signature Date

Related Procedures: 09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: November 2018