

COMPLETE ALL INFORMATION AND RETURN TO TRANSPORTATION

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS  
TRANSPORTATION/FIELD TRIP REQUEST FORM

09.36 AP.21

TODAY'S DATE 9-30-25

☐ Elementary

☒ High School

☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Molly Seifert

Date(s) of Trip Thurs. 3-12-26 to Sat. 3-14-26 Departure Time Thurs. 3-12-26 @ 4:00 pm Return Time Sat. 3-14-26 @ 10:00 pm

*\*If Peanut/Tree Nut Allergy Safety Alert is checked on the School-Related Trip Permission Slip and Medical Release Form (09.36 AP.21.1) 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 H.S. Forensics Team for KHSSL State Championship

☐ Other (athletic, band, if applicable), Specify \_\_\_\_\_

\*\*DESTINATION Murray State University Miles (one way) to destination: 265

City/State Murray, KY

☒ Overnight: Give name of lodging and address Hampton Inn, Murray, KY

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 Speech, drama, and debate

Number of days absent from school 1 Number of: Students Going on Trip 10 Faculty/Staff 2

Other Chaperones 2 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 \_\_\_\_\_

Signature

Date