

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS  
TRANSPORTATION/FIELD TRIP REQUEST FORM

09.36 AP.21

TODAY'S DATE 1/4/26 Elementary High School Guardian AngelFaculty/Staff/Coach/Sponsor(s) Chris ChaillandDate(s) of Trip 1/8/26Departure Time 6 AMReturn Time 9 PM

\*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 FTC / Robotics Team

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

\*\*DESTINATION Hazard Community & Technical College Miles (one way) to destination: 196

City/State Hazard, KY Overnight: Give name of lodging and address \_\_\_\_\_

## TRANSPORTATION

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 State qualifier for FTC robotics tournamentNumber of days absent from school 1 Number of: Students Going on Trip 6 Faculty/Staff Chailland (1)

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 \_\_\_\_\_

Chris Chailland

1/5/2025

Date \_\_\_\_\_

## Trip Approved

 Yes  No Superintendent/Designee \_\_\_\_\_John P. Kinne

1/5/2025

Date \_\_\_\_\_

 Yes  No Board of Education \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_