

COMPLETE ALL INFORMATION AND RETURN TO TRANSPORTATION

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS
TRANSPORTATION/FIELD TRIP REQUEST FORM

09.36 AP.21

TODAY'S DATE 1/8/25 ☐ Elementary ☒ High School ☐ Guardian Angel
Faculty/Staff/Coach/Sponsor(s) Savannah Starks
Date(s) of Trip 1/30-2/1 Departure Time 12:30 PM Return Time 11:00 AM

**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 University of Kentucky Honor Band

**DESTINATION UK Miles (one way) to destination: 70
City/State Lexington, Ky

☐ Overnight: Give name of lodging and address Residence Inn by Marriott 1080 Newtown Pike Lexington, Ky 40511

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 students getting experience with collegiate professors

Number of days absent from school 1 Number of: Students Going on Trip 8 Faculty/Staff 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 [Signature] 1/7/2025
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