

COMPLETE ALL INFORMATION AND RETURN TO TRANSPORTATION

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS

09.36 AP.21

TRANSPORTATION/FIELD TRIP REQUEST FORM

TODAY'S DATE 2/27/2024 Elementary High School Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Michelle Stamper
Date(s) of Trip 4/27-4/28 Departure Time 8:00 AM Return Time After awards 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.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 FBIA state competition
- Class Trip (i.e. Junior, Senior), Specify
- Organization/Club Trip, Specify FBIA
- Other (athletic, band, if applicable), Specify

**DESTINATION The Galt House, Louisville KY Miles (one way) to destination: 91 miles
City/State Louisville Kentucky

Overnight: Give name of lodging and address The Galt House 140 North 4th Street Louisville, KY 40202

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 FBIA state competition
Number of days absent from school 2 Number of: Students Going on Trip 2 Faculty/Staff 2
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.

JUST 2 NEEDED Michelle only.

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

Trip Approved Yes No Principal [Signature] 2/27/2024
Signature _____ Date _____

Trip Approved Yes No Superintendent/Designee [Signature] 3.2.26
Signature _____ Date _____
 Yes No Board of Education _____
Signature _____ Date _____