

COMPLETE ALL INFORMATION AND RETURN TO TRANSPORTATION

2026-2027 School Year

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS

09.36 AP.21

TRANSPORTATION/FIELD TRIP REQUEST FORM

TODAY'S DATE 3/18/2026 Elementary High School Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Celeste Hill Brockett
Date(s) of Trip 12/27-12/30 Departure Time 11:00 A.M. Return Time 9:00 p.m.

*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 Smoky Mountain Classic Series

**DESTINATION 150 Proffitt Road Miles (one way) to destination: 290 miles
City/State Gatlinburg - Pittman High School

Overnight: Give name of lodging and address T.B.D

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 _____

Number of days absent from school _____ Number of: Students Going on Trip _____ Faculty/Staff _____

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 _____ Date 4/16/2026

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