

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS  
**TRANSPORTATION/FIELD TRIP REQUEST FORM**

09.36 AP.21

**TODAY'S DATE** 7/21/26 ☐ Elementary ☒ High School ☐ Guardian Angel  
Faculty/Staff/Coach/Sponsor(s) Ryan Booth  
Date(s) of Trip 8/21-8/22 Departure Time 8:00 AM Return Time 9:00 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 \_\_\_\_\_  
☐ Class Trip (i.e. Junior, Senior), Specify \_\_\_\_\_  
☐ Organization/Club Trip, Specify \_\_\_\_\_  
☐ Other (athletic, band, if applicable), Specify Varsity Volleyball Team

**\*\*DESTINATION** Knoxville, TN Miles (one way) to destination: 215  
Sunsphere  
City/State \_\_\_\_\_

☒ Overnight: Give name of lodging and address Hilton Knoxville 501 W. Church Street

**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) 1 charter Bus, paid for by the volleyball team

Purpose/Educational Value Volleyball Tournament

Number of days absent from school 1 Number of: Students Going on Trip 13-14 Faculty/Staff 4

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. Coach Volker and Staff

**Trip Approved**  
☒ Yes ☐ No Principal Jessica R. Pass 7/21/26  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Trip Approved**  
☒ Yes ☐ No Superintendent/Designee [Signature] 8-3-26  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
☐ Yes ☐ No Board of Education \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_