

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS

09.36 AP.21

TRANSPORTATION/FIELD TRIP REQUEST FORM

TODAY'S DATE 8/13/26 ☒ Elementary ☐ High School ☐ Guardian Angel

Faculty/Staff/Coach/Sponsor(s) Second Grade
Date(s) of Trip 4/9/27 Departure Time 7:15 am Return Time 4:00 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 Second Grade
☐ Class Trip (i.e. Junior, Senior), Specify _____
☐ Organization/Club Trip, Specify _____
☐ Other (athletic, band, if applicable), Specify _____

**DESTINATION Conner Prairie Miles (one way) to destination: _____
City/State 13400 Allisonville Rd Fishers IN 46038

☐ Overnight: Give name of lodging and address _____

TRANSPORTATION:

2 Number of Executive Charter 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 engage in 1836 Prairietown
Number of days absent from school 1 Number of: Students Going on Trip 109 Faculty/Staff 5

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] 8/17/26
Signature _____ Date _____

Trip Approved

☐ Yes ☐ No Superintendent/Designee _____
Signature _____ Date _____
☐ Yes ☐ No Board of Education _____
Signature _____ Date _____