

COMPLETE ALL INFORMATION AND RETURN TO JIM SWIFT

STUDENTS

BEECHWOOD INDEPENDENT SCHOOLS
TRANSPORTATION/FIELD TRIP REQUEST FORM

09.36 AP.21

TODAY'S DATE _____ Elementary High School Guardian Angel

Faculty/Staff/Coach/Sponsor(s) _____

Date(s) of Trip _____ Departure Time _____ Return Time _____

**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 _____

****DESTINATION** _____ Miles (one way) to destination: _____

City/State _____

Overnight: Give name of lodging and address _____

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

Trip Approved

Yes No Superintendent/Designee _____
Signature Date

Yes No Board of Education _____
Signature Date