

## 2015-16 School Field Trip Packet - Overnight/Greater than 100 miles without District Transportation

Organization: **Marion County Public Schools** Employee: **KAREN COBB**

Assigned To: "Administrative Assistant to the ...

**Warning: You are not the assigned user for this stage.**

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**NOTE: Field trip packets that require Board approval will only be approved at the first regular board meeting each month; if your trip does not require Board approval, please submit your forms three weeks prior to the trip.**

### School Professional Leave

#### PERSONNEL

03.125 AP.21

Employee Name	Karen Cobb
School/Work site	Lebanon Middle School
Date(s) of leave	Oct 21 thru 23
Time of departure	07:00 am

Destination  
Pigeon Forge, Tennessee

Purpose/Rationale for attending  
Attending a Beta Leadership Conference w/ kids.

Number of students involved	25
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Substitute needed (please remember to enter Yes  
your absence in Aesop, even if a substitute is  
not required.)

Number of days (Avg. \$100 a day)	2
Substitute code	22021180120140B
Registration	No
Registration cost	
Registration code	
Mileage	No

Number of miles

Number of days

Lodging	No
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*Cost per night*

*Number of nights*

*Lodging rate*

Meals	No
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*Estimated **total** meal cost*

*Meals/Mileage/Parking/Lodging Code*

Grand total of expenses	0
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**\*An overnight stay is required for reimbursement of any meals. Meals reimbursed at rate of \$7/\$8/\$15 or \$8/\$9/\$19 (high rate areas). For lodging to be reimbursed, an original, itemized receipt is required. Registration fee, parking tolls, etc. may be reimbursed with original receipts. Credit card slips, registration forms, or check copies are not accepted as receipts. A Travel Voucher (03.125 AP.22) must be completed after the conference/workshop, etc., to receive reimbursement for actual expenses.**

Notes

Reviewed/Revised: 01/12/2015

### School-Related Student Trip Request Form

#### STUDENTS

09.36 AP.21

Faculty member(s) sponsoring trip	Karen Cobb, Kelly Allen, Gayla Tungate
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Type of trip (i.e. classroom, organization, club, athletic, band)	Beta
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Destination name	Wilderness at the Smokies
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Destination address	1424 Old Knoxville TN
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Destination phone	865-429-0625
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<i>Lodging name</i>	Wilderness at the Smokies
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<i>Lodging address</i>	1424 Old Knoxville Hwy
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<i>Lodging phone</i>	865-429-0625
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Date(s) of trip	10/21/15 - 10/23/15
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Time of departure	07:00 am
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Purpose/Educational value

Provide Leadership building opportunities that will help the students throughout their lives.

Source of funding for trip	Beta/Parents
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*No student shall be denied the trip because of the inability to pay.*

BETA Activity Fund

Bill trip expenses to (i.e. Sponsoring organization, school council, Board)

Number of students 23

Number of faculty sponsors 3

Other chaperones 0

Total number of participants 26

Certified common carrier Miller Transportation

Private vehicle, if allowed by policy; specify driver (s)

Supervision (Attach list of names of students and chaperones)

pigeon forge.docx

Added 8/11/2015 3:55:00 PM

[view](#)

Add a File

Have all chaperones undergone the required Yes  
records check and been designated by the  
principal/designee to supervise students?

Reviewed/Revised: 01/12/15

Employee Signature

Signed: **Karen Cobb**

Stamped: Tue Aug 11 2015 16:55:13 GMT-0400 (Eastern Daylight Time); 8/11/2015  
3:55:13 PM; 2015-08-11 20:55:13Z; 170.185.150.19; Employee - #252 - KAREN  
COBB

Principal Signature

Signed: **Christina McRay**

Stamped: Wed Aug 12 16:34:39 EDT 2015; 8/12/2015 3:34:39 PM; 2015-08-12  
20:34:39Z; 170.185.150.19

Direct this field trip packet to

Supervisor Signature

Not Signed

Read-Only

Field Trip Designee Signature

Not Signed

Read-Only

Date of Board approval

Superintendent Signature

Not Signed

Read-Only