School Field Trip Packet - Day Trips without District Transportation

Organization: **Marion County Public Schools** Employee: **ELMA SIMPSON**

Assigned To: **"Bookkeeper" members at ...**

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

Show History

Remove Applicants or Employees

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	Elma Simpson
* School/Work site	District Wide
* Date(s) of leave	July 25, 2016
* Time of departure	08:00 am
* Destination Beech Bend Park, Bowling Green, KY.	
* Purpose/Rationale for attending Summer Program - Parent/Child Event	
* Number of students involved	31

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* Substitute needed (please remember to enter your absence in Aesop, even if a substitute is not required.)	No
Number of days (Avg. $100 a day)	
Substitute code	
* Registration	Yes
Registration cost	1120
Registration code	0002852 0894 311B
* Mileage	No
Number of miles	
Number of days	
* Lodging	No
Cost per night	

Number of nights	
Lodging rate	
✱ Meals	Yes
*Estimated **total** meal cost*	644
Meals/Mileage/Parking/Lodging Code	0002852 0894 311B
✱ Grand total of expenses	$1764

***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	Migrant Education Program
✱ Type of trip (i.e. classroom, organization, club, athletic, band)	Summer Camp - Parent/Child Event
✱ Destination name	Beech Bend Park
✱ Destination address	798 Beech Bend Road, Bowling Green, KY 42101
✱ Destination phone	(270) 781-7634
Lodging name	
Lodging address	
Lodging phone	
✱ Date(s) of trip	July 25, 2016
✱ Time of departure	08:00 am
✱ Purpose/Educational value Summer Camp - Parent/Child Event	
✱ Source of funding for trip	Migrant Education Progra

No student shall be denied the trip because of the inability to pay.

✱ Bill trip expenses to (i.e. Sponsoring organization, school council, Board)	Migrant education Progra
✱ Number of students	31

* Number of faculty sponsors	3
* Other chaperones	Note: Parents - students will not be able to go unless their parents are going.
* Total number of participants	56

Certified common carrier

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

* Supervision (Attach list of names of students and chaperones)

Bus List - Parent_Child Event at Beech Bend Park.rtf view
Added 7/13/2016 4:12:00 PM

Add a File

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

Reviewed/Revised: 01/12/15

* Employee Signature

Signed:**Elma Simpson**

Stamped:Wed Jul 13 2016 17:14:11 GMT-0400 (Eastern Daylight Time);7/13/2016 4:14:09 PM;2016-07-13 21:14:09Z;75.88.174.168;Employee - #128 - ELMA SIMPSON

Approve **Deny**

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/27/2015

PRODUCER
Sure Linc Services, Inc.
111 Outer Loop

Louisville, KY 40214

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: PROTECTIVE INS CO	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
MILLER TRANSPORTATION INC.,
MILLER TRANSPORTATION BUS SERVICE, INC.
111 OUTER LOOP
LOUISVILLE , KY 40214

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	TD000059	09/27/2015	09/27/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 5,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 5,000,000 $ INCL
A		AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X COLLISION X	TD000059	09/27/2015	09/27/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 5,000,000 $ $ $
A		GARAGE LIABILITY ANY AUTO	TD000059	09/27/2015	09/27/2016	AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ 5,000,000 $ $
A		EXCESS/UMBRELLA LIABILITY X OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $	MA1349	09/27/2015	09/27/2016	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ $ $ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A		OTHER GARAGE KEEPERS	TD000059	09/27/2015	09/27/2016	600,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

MARION COUNTY BOARD OF EDUCATION
755 EAST MAIN STREET

LEBANON, KY 40033

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE Carolyn Miller

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