

## School Field Trip Packet - Overnight/Greater than 100 miles with District Transportation

Organization: **Marion County Public Schools**

Employee: **DAVID HIBBARD**

Assigned To: **User - kim.hood**

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**NOTE: Field trip packets that require Board approval will only be approved at the first regular board meeting each month.**

### School Professional Leave

03.125 AP.21

* Employee Name	David Hibbard
* School/Work site	Marion County High School
* Date(s) of leave	July 28-30, 2023
* Time of departure	04:00 pm
* Destination	Bluegrass State Games
* Purpose/Rationale for attending	To play in the BGSB
* Number of students involved	10

\* 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 No

*Registration cost*

*Registration code*

\* Mileage No

*Number of miles*

*Number of days*

\* Lodging No

*Cost per night*

*Number of nights*

*Lodging rate*

\* Meals No

*Estimated **total** meal cost*

*Meals/Mileage/Parking/Lodging Code*

\* Grand total of expenses 0

**\*An overnight stay is required for reimbursement of any meals. Any meal exceeding \$5.00 must be substantiated by an itemized receipt. Maximum allowable food expenditure per day shall be \$40.00 in state and \$46.00 out of state. For lodging to be reimbursed, an original, itemized receipt is required. Registration fees, 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**

09.36 AP.21

- \* Faculty member(s) sponsoring trip David Hibbard
- \* Type of trip (i.e. classroom, organization, club, athletic, band) Athletic
- \* Destination name Lexington Christian Academy
- \* Destination address Lexington, KY
- \* Destination phone 606-273-4578
- Lodging name*
- Lodging address* 574 Tingle Lane
- Lodging phone* 8594815044
- \* Date(s) of trip July 28-30, 2023
- \* Time of departure 04:00 pm
- \* Purpose/Educational value  
To play in the Bluegrass State Games
- \* Source of funding for trip 5151918 0898
- No student shall be denied the trip because of the inability to pay.*
- \* Bill trip expenses to (i.e. Sponsoring organization, school council, Board) 5151918 0898
- \* Number of students 10
- \* Number of faculty sponsors 1
- \* Other chaperones 2
- \* Total number of participants 13
- \* Supervision (Attach list of names of students and chaperones)

Copy of 23 Roster - Sheet1.pdf  
Added 6/19/2023 12:39:00 PM

[view](#)

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

### **School Bus Request**

This authorization for the use of this vehicle is valid for the use of said vehicle as a "School Bus" and for no other purpose.

\* Buses needed Yes

*\*If more than one bus is needed, please submit a 'School Bus Request' form for each additional bus.*

\* Destination Lexington Christian Academy

\* Date(s) of trip July28-30, 2023

\* Group requesting bus MCHS Volleyball

\* Purpose of trip Bluegrass State Games

\* Bus pick-up time 04:00 pm

\* Bus return time 12:00 pm

\* When transporting items that cannot be held in lap of students, under storage will be required to store these items. Under storage will be required

\* Account to be charged 51519180898

[Blank Student List Template](#)

\* Faculty supervision will be provided for this trip. At least one member of our faculty will ride in each bus. A copy of the list of pupils that are assigned to ride this particular school bus can be uploaded below. The driver will be given a copy and the school should also keep a copy of all riders on file.

Copy of 23 Roster - Sheet1.pdf  
Added 6/19/2023 12:40:00 PM

[view](#)

\* Employee Signature

Signed: **David Hibbard**

Stamped: Mon Jun 19 2023 13:39:48 GMT-0400 (Eastern Daylight Time); 6/19/2023 12:39:48 PM; 2023-06-19 17:39:48Z; 170.185.150.17; Employee - #339 - DAVID HIBBARD

\* Principal Signature

Signed: **Robby Peterson**

Stamped: Mon Jun 26 2023 08:35:02 GMT-0400 (Eastern Daylight Time); 6/26/2023 7:35:02 AM; 2023-06-26 12:35:02Z; 170.185.150.17; Employee - #371 - JOSEPH PETERSON

\* 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

This section is to be completed by the Transportation Director.



- \* Bus number
- \* Driver
- \* Driver wage
- \* Transportation Director Signature/Date

This section is to be completed by the driver and filed in the Transportation Director's office upon completion of the above trip.

- \* Ending odometer reading
- \* Beginning odometer reading
- \* Total miles
- \* Number transported
- \* Driver Signature/Date

**Approve**

**Deny**