

## 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**

[Show History](#)

**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	Jan 26-28, 2024
* Time of departure	04:00 pm
* Destination	Owensboro, KY-Daviess County Courthouse
* Purpose/Rationale for attending	Mock Trial Regional Tournament
* Number of students involved	10

\* Substitute needed (please remember to enter No your absence in Aesop, even if a substitute is not required.)

*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





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** District Vehicle

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

**\* Destination** Owensboro, KY

**\* Date(s) of trip** Jan 26-28, 2024

**\* Group requesting bus** Mock Trial Team

**\* Purpose of trip** Regional Competition

**\* Bus pick-up time** 04:00 pm

**\* Bus return time** 08:00 pm

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

**\* Account to be charged** 5151118-0894-9515

[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.**

23-24 Mock Trial Roster - Sheet1.pdf Added 1/2/2024 4:50:00 PM	<a href="#">view</a>
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**\* Employee Signature**

<p>Signed: <b>David Hibbard</b></p> <p>Stamped: Tue Jan 02 2024 17:50:22 GMT-0500 (Eastern Standard Time); 1/2/2024 4:50:22 PM; 2024-01-02 22:50:22Z; 170.185.150.17; Employee - #339 - DAVID HIBBARD</p>
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**\* Principal Signature**

<p>Signed: <b>Robby Peterson</b></p> <p>Stamped: Wed Jan 03 2024 13:10:59 GMT-0500 (Eastern Standard Time); 1/3/2024 12:10:59 PM; 2024-01-03 18:10:59Z; 170.185.150.17; Employee - #371 - JOSEPH PETERSON</p>
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**\* Direct this field trip packet to**  ▼

**\* Supervisor Signature**

Not Signed	Read-Only
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**\* Field Trip Designee Signature**

Not Signed	Read-Only
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**\* Date of Board approval**

**\* Superintendent Signature**

Not Signed	Read-Only
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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**

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

Organization: **Marion County Public Schools**Employee: **STACY BARTLEY**Assigned To: **User - kim.hood**[Show History](#)

**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	Stacy Bartley Kevin Durham
* School/Work site	West Marion Elementary School
* Date(s) of leave	1/15/24
* Time of departure	03:30 pm
* Destination	Hilton Lexington/Downtown 369 West Vine Street Lexington, KY 40507
* Purpose/Rationale for attending	Beta convention
* Number of students involved	35

\* Substitute needed (please remember to enter your absence in Aesop, even if a substitute is not required.) Yes

*Number of days (Avg. \$100 a day)* 2

*Substitute code* BETA Club

\* 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 400





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 1

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

\* Destination Hilton Lexington/Downtown

\* Date(s) of trip January 15-17

\* Group requesting bus WMES Beta

\* Purpose of trip Beta convention

\* Bus pick-up time 03:30 pm

\* Bus return time 02:30 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 Beta Account/Student Activity Fund

[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.

2024 Beta - Sheet2.pdf Added 1/2/2024 3:34:00 PM	<a href="#">view</a>
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\* Employee Signature

<p>Signed: <b>Stacy Bartley</b></p> <p>Stamped: Tue Jan 02 2024 16:33:58 GMT-0500 (Eastern Standard Time); 1/2/2024 3:33:59 PM; 2024-01-02 21:33:59Z; 173.190.106.54; Employee - #453 - STACY BARTLEY</p>
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\* Principal Signature

<p>Signed: <b>Daniel Mattingly</b></p> <p>Stamped: Wed Jan 03 2024 08:57:54 GMT-0500 (Eastern Standard Time); 1/3/2024 7:57:54 AM; 2024-01-03 13:57:54Z; 170.185.150.17; Employee - #331 - JOSEPH MATTINGLY</p>
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\* Direct this field trip packet to

\* Supervisor Signature

Not Signed	Read-Only
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\* Field Trip Designee Signature

Not Signed	Read-Only
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\* Date of Board approval

\* Superintendent Signature

Not Signed	Read-Only
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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**



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

Organization: **Marion County Public Schools**Employee: **ALLISON BENEDICT**Assigned To: **User - kim.hood**[Show History](#)

**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	Allison Benedict
* School/Work site	Marion County Knight Academy
* Date(s) of leave	January 14-16th, 2024
* Time of departure	01:30 pm
* Destination	State Jr. Beta Convention
* Purpose/Rationale for attending	State Jr. Beta Convention
* Number of students involved	25

\* Substitute needed (please remember to enter your absence in Aesop, Yes even if a substitute is not required.)

*Number of days (Avg. \$100 a day)* 1

*Substitute code* MCKA Jr. Beta

\* 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 100.00

**\*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

Will not need the bus to stay overnight, just a drop off on Sunday and pick up on Tuesday.

Reviewed/Revised: 01/12/2015

09.36 AP.21

- \* Faculty member(s) sponsoring trip Allison Benedict
- \* Type of trip (i.e. classroom, organization, club, athletic, band) Jr. Beta Club
- \* Destination name Central Bank Convention Center
- \* Destination address 430 W Vine Street
- \* Destination phone 859-233-4567
- Lodging name Hilton
- Lodging address 369 W. Vine Street
- Lodging phone 859-231-9000
- \* Date(s) of trip January 14-16th, 2024
- \* Time of departure 01:30 pm
- \* Purpose/Educational value State Jr. Beta Convention
- \* Source of funding for trip MCKA Jr. Beta
- No student shall be denied the trip because of the inability to pay.*
- \* Bill trip expenses to (i.e. Sponsoring organization, school council, Board) MCKA Jr. Beta
- \* Number of students 25
- \* Number of faculty sponsors 2
- \* Other chaperones 2
- \* Total number of participants 29
- \* Supervision (Attach list of names of students and chaperones)

Jr. Beta Chaperone.docx Added 12/14/2023 8:27:00 AM	<a href="#">view</a>
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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





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 1
- \*If more than one bus is needed, please submit a 'School Bus Request' form for each additional bus.*
- \* Destination Central Bank  
Convention Center
- \* Date(s) of trip January 14-16th, 2024
- \* Group requesting bus MCKA Jr. Beta
- \* Purpose of trip State Jr. Beta  
Convention
- \* Bus pick-up time 01:30 pm
- \* Bus return time 02:30 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 MCKA Jr. Beta

[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.

Jr. Beta Chaperone.docx Added 12/14/2023 8:28:00 AM	<a href="#">view</a>
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\* Employee Signature

**Signed: Allison Benedict**

Stamped: Thu Dec 14 2023 09:23:27 GMT-0500 (Eastern Standard Time); 12/14/2023 8:23:28 AM; 2023-12-14 14:23:28Z; 170.185.150.17; Employee - #870 - ALLISON BENEDICT

\* Principal Signature

**Signed: Sara Brady**

Stamped: Thu Dec 14 2023 10:59:35 GMT-0500 (Eastern Standard Time); 12/14/2023 9:59:35 AM; 2023-12-14 15:59:35Z; 170.185.150.17; Employee - #29 - SARA BRADY

\* Direct this field trip packet to

Dana.Thomas

\* Supervisor Signature

**Signed: Dana Lee Thomas**

Stamped: Thu Dec 14 2023 15:46:36 GMT-0500 (Eastern Standard Time); 12/14/2023 2:46:40 PM; 2023-12-14 20:46:40Z; 170.185.150.17; User - Dana.Thomas - dana.thomas@marion.kyschools.us

\* Field Trip Designee Signature

**Signed: Michael K. Abell**

Stamped: Fri Dec 15 2023 10:48:34 GMT-0500 (Eastern Standard Time); 12/15/2023 9:48:34 AM; 2023-12-15 15:48:34Z; 170.185.150.17

\* Date of Board approval



 Superintendent Signature

Not Signed

Read-Only

**Approve**

**Deny**