School Field Trip Packet - OvernightGreater than 100 miles with District Transportation

Organization: Marion County Public Schools Em

Employee: DAVID HIBBARD

Assigned To: User - kim.hood

Show History

NOTE: Field trip packets that require Board approval will <u>only</u> 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

March 1-3, 2024

Time of departure

08:00 am

Destination

Mock Trial State Tournament-Covington, KY

Purpose/Rationale for attending

Mock Trial State Tournament

Number of students involved

10

Yes

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

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

1

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

\$100

*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)

Destination name

Kenton County Courthouse

Destination address

Covington, KY

Destination phone

859-678-1765

Lodging name

Lodging address

574 Tingle Lane

Lodging phone

8594815044

Date(s) of trip

March 1-3, 2024

Time of departure

08:00 am

Purpose/Educational value Mock Trial State Tournament

Source of funding for trip

Mock Trial

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

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

Mock Trial

10

Number of students

Number of faculty sponsors

Other chaperones

0

Total number of participants

11

Supervision (Attach list of names of students and chaperones)

23-24 Mock Trial Roster.xlsx Added 2/5/2024 2:51:00 PM

view

Add a File

Representation Herein Representation Representation with the Repuired Representation and the Yes records check and been designated by the principal/designee to supervise students?

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

District Vehicle

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

Destination

Covington, KY

Date(s) of trip

March 1-3, 2024

Group requesting bus

Mock Trial Team

Purpose of trip

State Tournament

Bus pick-up time

08:00 am

Bus return time

04:30 pm

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

* 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.xlsx Added 2/5/2024 2:52:00 PM

view

★ Employee Signature

Signed: David Hibbard

Stamped:Mon Feb 05 2024 15:52:00 GMT-0500 (Eastern Standard Time);2/5/2024 2:52:00 PM;2024-02-05 20:52:002;170.185.150.17;Employee - #339 - DAVID HIBBARD

Rrincipal Signature

Signed: Robby Peterson

Stamped:Tue Feb 06 2024 07:28:26 GMT-0500 (Eastern Standard Time);2/6/2024 6:28:26 AM;2024-02-06 12:28:26Z;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-Cnl

- Date of Board approval
- Superintendent Signature

Not Signed

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

