



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	July 12-14, 2024
* Time of departure	08:00 am
* Destination	University of Cincinnati
* Purpose/Rationale for attending	Volleyball Team Camp
* Number of students involved	19

* 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

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 University of Cincinnati

* Date(s) of trip July 12-14, 2024

* Group requesting bus Volleyball

* Purpose of trip Volleyball Team Camp

* Bus pick-up time 08:00 am

* Bus return time 04:30 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 Volleyball

[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.

24 Roster.xlsx Added 5/22/2024 8:10:00 AM	view
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* Employee Signature

<p>Signed: David Hibbard</p> <p>Stamped: Wed May 22 2024 09:10:23 GMT-0400 (Eastern Daylight Time); 5/22/2024 8:10:23 AM; 2024-05-22 13:10:23Z; 170.185.150.17; Employee - #339 - DAVID HIBBARD</p>
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* Principal Signature

<p>Signed: Robby Peterson</p> <p>Stamped: Fri May 24 2024 10:48:32 GMT-0400 (Eastern Daylight Time); 5/24/2024 9:48:32 AM; 2024-05-24 14:48:32Z; 170.185.150.17; Employee - #371 - JOSEPH PETERSON</p>

* 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 without District Transportation

Organization: **Marion County Public Schools** Employee: **CHRISTINA MCRA Y**
 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	Dustin Benningfield
✳ School/Work site	Marion County ATC
✳ Date(s) of leave	June 24-28, 2024
✳ Time of departure	07:00 am
✳ Destination	Courtyard Atlanta Downtown
✳ Purpose/Rationale for attending	SkillsUSA National Leadership Conference (national competition for our state winners)
✳ Number of students involved	2

✳ 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 All billed to KyTech state agency

principal/designee to supervise students?

Reviewed/Revised: 01/12/15

* Employee Signature

Signed: **Christina McRay**
 Stamped: Tue May 28 2024 12:42:23 GMT-0400 (Eastern Daylight Time); 5/28/2024 11:42:24 AM; 2024-05-28 16:42:24Z; 170.185.150.17; Employee - #23 - CHRISTINA MCRAJ

* Principal Signature

Signed: **Christina McRay**
 Stamped: Tue May 28 2024 13:25:08 GMT-0400 (Eastern Daylight Time); 5/28/2024 12:25:09 PM; 2024-05-28 17:25:09Z; 170.185.150.17; Employee - #23 - CHRISTINA MCRAJ

* Direct this field trip packet to

Dropdown menu with a downward arrow icon.

Supervisor Signature

Not Signed Read-Only

* Field Trip Designee Signature

Not Signed Read-Only

* Date of Board approval

* Superintendent Signature

Not Signed Read-Only

Approve

Deny

