

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

Organization: **Marion County Public Schools** Employee: **THERESA CALHOUN**

Assigned To: **User - michael.abell**

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

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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	Arthur Carter
* School/Work site	Marion County High School
* Date(s) of leave	July 28-Aug 1, 2024
* Time of departure	09:00 am
* Destination	Harold L. Disney Training Center Artemus KY 40903
* Purpose/Rationale for attending	MCHS football camp
* Number of students involved	44

* 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

MCHS football boosters will cover the cost of lodging and food Request that MCHS pays for gas/diesel for buses, and paying bus drivers.

Reviewed/Revised: 01/12/2015

School-Related Student Trip Request Form

09.36 AP.21

* Faculty member(s) sponsoring trip	Arthur Carter, Myles Durbin
* Type of trip (i.e. classroom, organization, club, athletic, band)	Athletic
* Destination name	Harold L. Disney Training Center
* Destination address	537 TVA Rd. Artemus KY 40903
* Destination phone	502607-5131
<i>Lodging name</i>	
<i>Lodging address</i>	
<i>Lodging phone</i>	
* Date(s) of trip	July 28-Aug 1, 2024
* Time of departure	09:00 am
* Purpose/Educational value MCHS football camp	
* Source of funding for trip	MCHS FOOTBALL BOOSTERS

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

* Bill trip expenses to (i.e. Sponsoring organization, school council, Board)	MCHS FOOTBALL BOOSTERS
* Number of students	44
* Number of faculty sponsors	5
* Other chaperones	3
* Total number of participants	52
* Supervision (Attach list of names of students and chaperones)	

30018 (1).xlsx

Added 6/1/2024 5:05:00 PM

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* 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 2

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

* Destination HAROLD L. DISNEY TRAINING CENTER. 537 TVA RD. ARTEMUS KY 40603

* Date(s) of trip JULY 28-AUG 1, 2024

* Group requesting bus MCHS FOOTBALL TEAM

* Purpose of trip FOOTBALL 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 MCHS

[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.

30018 (1).xlsx

Added 6/1/2024 5:07:00 PM

[view](#)

* Employee Signature

Signed: **Arthur Carter**

Stamped: Sat Jun 01 2024 18:07:58 GMT-0400 (Eastern Daylight Time); 6/1/2024 5:07:57 PM; 2024-06-01 22:07:57Z; 76.39.197.103; Employee - #602 - THERESA CALHOUN

* Principal Signature

Signed: **Sara Brady**

Stamped: Tue Jun 04 2024 12:59:04 GMT-0400 (Eastern Daylight Time); 6/4/2024 11:59:04 AM; 2024-06-04 16:59:04Z; 170.185.150.17; Employee - #29 - SARA BRADY

* Direct this field trip packet to

Dana.Thomas

* Supervisor Signature

Signed: **Dana Lee Thomas**

Stamped: Tue Jun 04 2024 15:17:47 GMT-0400 (Eastern Daylight Time); 6/4/2024 2:17:48 PM; 2024-06-04 19:17:48Z; 170.185.150.191; User - Dana.Thomas - dana.thomas@marion.kyschools.us

* Field Trip Designee Signature

[Click to Digitally Sign](#)

Approve

Deny

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	7/26-7/28/24
* Time of departure	04:00 pm
* Destination	Lexington, KY-Bluegrass State Games
* Purpose/Rationale for attending	Volleyball participating in BGS
* Number of students involved	10

* Substitute needed (please remember to enter 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

***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 Lexibngton KY
- * Destination address Ruccio Way
- * Destination phone 859-231-4532

Lodging name

Lodging address

Lodging phone

- * Date(s) of trip 7/26-7/28/24
- * Time of departure 04:00 pm
- * Purpose/Educational value
Volleyball participating in Bluegrass State Games
- * Source of funding for trip Volleyball

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

- * Bill trip expenses to (i.e. Sponsoring organization, school council, Board) Volleyball
- * Number of students 10
- * Number of faculty sponsors 2
- * Other chaperones 0
- * Total number of participants 12
- * Supervision (Attach list of names of students and chaperones)

24 Varsity Roster.xlsx
Added 7/2/2024 9:41:00 AM

[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, KY

* Date(s) of trip 7/26-7/28/24

* Group requesting bus Volleyball

* Purpose of trip BGSB

* 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 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 Varsity Roster.xlsx
Added 7/2/2024 9:42:00 AM

[view](#)

* Employee Signature

Signed: **David Hibbard**
Stamped: Tue Jul 02 2024 10:42:40 GMT-0400 (Eastern Daylight Time); 7/2/2024 9:42:11 AM; 2024-07-02 14:42:11Z; 69.133.22.166; Employee - #339 - DAVID HIBBARD

* Principal Signature

Signed: **Robby Peterson**
Stamped: Tue Jul 02 2024 13:42:21 GMT-0400 (Eastern Daylight Time); 7/2/2024 12:42:21 PM; 2024-07-02 17:42:21Z; 170.185.150.186; User - robby.peterson - robby.peterson@marion.kyschools.us

* 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