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

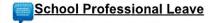
Organization: Marion County Public Schools

Employee: Derek Howard

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.



03.125 AP.21

★ Employee Name Derek Howard

★ School/Work site

Marion County High School

★ Date(s) of leave 12/04/24 - 12/06/24

★ Time of departure 08:30 am

Destination

Crowne Plaza Hotel Louisville Kentucky

Purpose/Rationale for attending

Kentucky Youth Assembly

Number of students involved
15

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

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

or or days (rivg. \$100 a day)

Substitute code KYA Grant/with invoice

3

Registration No

Registration cost

Registration code

Number of miles

Number of days

★ Lodging No.

Cost per night

Number of nights

Lodging rate

Estimated total meal cost

Meals/Mileage/Parking/Lodging Code

₩ Grand total of expenses 300

\*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

KYA Grant will pay for subs, transportation, meals and lodging for all participating

Reviewed/Revised: 01/12/2015

# School-Related Student Trip Request Form

#### 09.36 AP.21

\* Faculty member(s) sponsoring trip

Derek Howard, Brown or Hibbard

\* Type of trip (i.e. classroom, organization, club, club athletic, band)

\* Destination name

Crowne Plaza Hotel

Destination address

830 Philips Lane 40209

Destination phone

502-367-2251

Lodging name

Crowne Plaza Hotel

Lodging address

830 Philips Lane 40209

Lodging phone

502-367-2251

Date(s) of trip

12/04/24 - 12/06/24

Time of departure

08:30 am

Purpose/Educational value Kentucky Youth Assembly

Source of funding for trip

KYA Grant/ with invoice

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

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

KYA Grant/witth invoice

Number of students

15

Number of faculty sponsors

2

Other chaperones

0

\* Total number of participants

17

Supervision (Attach list of names of students and chaperones)

KYA Conference Form.pdf Added 10/25/2024 2:58:00 PM view

#### Add a File

\* Have all chaperones undergone the required No records check and been designated by the principal/designee to supervise students?

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.

Ruses needed

1

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

Destination

Crowne Plaza Hotel, 830 Philips Lane 40209

Date(s) of trip

12/04/24 - 12/06/24

Group requesting bus

MCHS Y Club

Purpose of trip

Conference

₩ Bus pick-up time

01:00 pm

Rus return time

02:30 pm

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

Under storage will not be required

store these items.

Account to be charged

KYA Grant/with invoice

#### 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.

KYA bus list-Dec 4-6 2024.xlsx - Bus.pdf Added 10/25/2024 3:11:00 PM

view

#### Employee Signature

#### Signed: Derek Howard

Stamped:Fri Oct 25 2024 16:11:11 GMT-0400 (Eastern Daylight Time);10/25/2024 3:11:13 PM;2024-10-25 20:11:13Z;170.185.150.185;Employee - #951 - Derek Howard

By typing in your name (your "eSignature"), you accept and consent to be legally bound by this document's statements, terms and conditions as if this document was signed by you in writing with pen on paper. You agree that no third party or other means of verification is necessary to validate your eSignature and that the lack of such third party or other means of verification will not in any way affect the enforceability of this document.

#### Principal Signature

#### Signed: Robby Peterson

Stamped:Mon Oct 28 2024 13:28:42 GMT-0400 (Eastern Daylight Time);10/28/2024 12:28:42 PM;2024-10-28 17:28:42Z;170.185.150.186;Employee - #371 - JOSEPH PETERSON

By typing in your name (your "eSignature"), you accept and consent to be legally bound by this document's statements, terms and conditions as if this document was signed by you in writing with pen on paper. You agree that no third party or other means of verification is necessary to validate your eSignature and that the lack of such third party or other means of verification will not in any way affect the enforceability of this document.

#### \* Direct this field trip packet to

## Supervisor Signature

Not Signed

ead-Only

By typing in your name (your "eSignature"), you accept and consent to be legally bound by this document's statements, terms and conditions as if this document was signed by you in writing with pen on paper. You agree that no third party or other means of verification is necessary to validate your eSignature and that the lack of such third party or other means of verification will not in any way affect the enforceability of this document.

## Rield Trip Designee Signature

Not Signed

Read-Only

By typing in your name (your "eSignature"), you accept and consent to be legally bound by this document's statements, terms and conditions as if this document was signed by you in writing with pen on paper. You agree that no third party or other means of verification is necessary to validate your eSignature and that the lack of such third party or other means of verification will not in any way affect the enforceability of this document.

- \* Date of Board approval
- Superintendent Signature

Not Signed

Read-Only

By typing in your name (your "eSignature"), you accept and consent to be legally bound by this document's statements, terms and conditions as if this document was signed by you in writing with pen on paper. You agree that no third party or other means of verification is necessary to validate your eSignature and that the lack of such third party or other means of verification will not in any way affect the enforceability of this document.

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