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

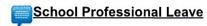
Organization: Marion County Public Schools Employee: JOSEPH CREPPS

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.

6



03.125 AP.21

★ Employee Name

Joe Crepps

★ School/Work site

Marion County High School

★ Date(s) of leave

24-28 May 2025

★ Time of departure 06:00 am

Destination

Bluegrass Army Depo Richmond Ky

Purpose/Rationale for attending

JROTC Leadership Camp

Number of students involved

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

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

*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

I am requesting the use of the district suburban

Reviewed/Revised: 01/12/2015

School-Related Student Trip Request Form

09.36 AP.21

Faculty member(s) sponsoring trip

Joe Crepps

🕷 Type of trip (i.e. classroom, organization, club, JROTC Leadership Camp

athletic, band)

Destination name

Bluegrass Army Depo

Destination address

431 Battlefield Memorial Hwy

Destination phone

5028271733

Lodging name

Lodging address

Lodging phone

Date(s) of trip

24-28 May 2025

Time of departure

06:00 am

Purpose/Educational value

teaching cadets about leadership, responsibility and team work

Source of funding for trip

JROTC

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

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

JROTC

Number of students

6

Number of faculty sponsors

2

Other chaperones

Total number of participants

8

Yes

Supervision (Attach list of names of students and chaperones)

Bus Roster 26 Oct 24.docx Added 12/12/2024 1:45:00 PM

view

Add a File

* Have all chaperones undergone the required 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.

Buses needed

1

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

Destination

Bluegrass Army Depo

Date(s) of trip

24 May 25 pick up 28 May 25

Group requesting bus

JROTC

Purpose of trip

Leadership Camp

Rus pick-up time

06:00 am

* Bus return time

12:00 pm

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

Account to be charged

JROTC

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.

Bus Roster 26 Oct 24.docx Added 12/12/2024 1:49:00 PM

view

Employee Signature

Signed: Joseph R Crepps

Stamped: Thu Dec 12 2024 14:47:20 GMT-0500 (Eastern Standard Time);12/12/2024 1:47:21 PM;2024-12-12 19:47:21Z;170.185.150.193; Employee - #351 - JOSEPH CREPPS

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: Thu Dec 12 2024 15:31:48 GMT-0500 (Eastern Standard Time);12/12/2024 2:31:49 PM;2024-12-12 20:31:49Z;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.

Tirect this field trip packet to

V

Supervisor Signature

Not Signed

Read-Onl.v

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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
- Reginning odometer reading
- Total miles
- Number transported
- ₩ Driver Signature/Date

Approve

Deny

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

Organization: Marion County Public Schools

Employee: Adam McRay

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

Adam McRay

School/Work site

Marion County High School

Date(s) of leave

2/13/25 - 2/15/25

Time of departure

08:30 am

Destination

Morehead State University 230 University Blvd, Morehead, KY 40351

Purpose/Rationale for attending

This is a high intensity honors band clinic that provides students with a world class opportunity to learn from college professors and high caliber directors. The bus would drive students to the campus of Morehead State University were upon they will be on campus and walk or use the university shuttles dedicated for the transportation of HS students. Their parents will be responsible for picking them up at the conclusion of the clinic. Students will stay in a hotel that utilizes the shuttle service to and from campus.

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)

2

Substitute code

Band

Registration

No

Registration cost

Registration code

Mileage

Yes

Number of miles

520

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

434.00

*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

The bus would drive students to the campus of Morehead State University were upon they will be on campus and walk or use the university shuttles dedicated for the transportation of HS students. Their parents will be responsible for picking them up at the conclusion of the clinic. Students will stay in a hotel that utilizes the shuttle service to and from campus.

Reviewed/Revised: 01/12/2015

School-Related Student Trip Request Form

09.36 AP.21

Faculty member(s) sponsoring trip Adam McRay

Representation (i.e. classroom, organization, club, Band athletic, band)

🏶 Destination name Morehead State University

Destination address 230 University Blvd, Morehead, KY 40351

Destination phone (606) 783-2473

Lodging name

Lodging address

Lodging phone

Date(s) of trip 2/13 - 2/15

Time of departure 08:30 am

Purpose/Educational value

Purpose: This is a high intensity honors band clinic that provides students with a world class opportunity to learn from college professors and high caliber directors.

Source of funding for trip

Rill trin expenses to (i.e. Sponsoring

Band & Student

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

Bill trip expenses to (i.e. Sponsoring organization, school council, Board)	Band
* Number of students	10
Number of faculty sponsors	1
* Other chaperones	0
* Total number of participants	11

Supervision (Attach list of names of students and chaperones)

Morehead State Roster.pdf

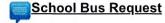
view

Added 11/22/2024 8:58:00 AM

Add a File

Have all chaperones undergone the required 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

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

Destination

230 University Blvd, Morehead, KY 40351

Date(s) of trip

2/13 - 2/15

🟶 Group requesting bus

Band

🏶 Purpose of trip

Honor Clinic

🏶 Bus pick-up time

08:30 am

Rus return time

02:20 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

Student & Band

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.

Morehead State Roster.pdf Added 11/22/2024 9:00:00 AM

view

🏶 Employee Signature

Signed: Adam McRay

Stamped:Fri Nov 22 2024 09:59:50 GMT-0500 (Eastern Standard Time);11/22/2024 8:59:50 AM;2024-11-22 14:59:50Z;170.185.150.226;Employee - #962 - Adam

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Principal Signature

Signed: Robby Peterson

Stamped:Fri Nov 22 2024 10:35:42 GMT-0500 (Eastern Standard Time);11/22/2024 9:35:42 AM;2024-11-22 15:35:42Z;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

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 - OvernightGreater than 100 miles without District Transportation

Organization: Marion County Public Schools Employee: KEVIN DURHAM

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 kevin durham

★ School/Work site

West Marion

West Marion

West Marion

West Marion

Output

Description

West Marion

West Marion

West Marion

West Marion

Output

Description

West Marion

W

Elementary School

★ Date(s) of leave
Feb 5-7, 2025

★ Time of departure 08:00 am

Destination

Galt House Louisville Ky.

Purpose/Rationale for attending

KMEA Kentucky Children's Chorus and KMEA Professional Development

Number of students involved

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)

Substitute code 10010530120140x

Registration Yes

Registration cost 125

Registration code 10010530338140x

₩ Mileage Yes

Number of miles 60

Number of days 2

Cost per night 182.87

Number of nights

Lodging rate Conference Rate

 ★ Meals
 Yes

Estimated total meal cost 140

Meals/Mileage/Parking/Lodging Code 10010530580140x

★ Grand total of expenses

980.74

*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

This is for KMEA Children's choir and PD.

Reviewed/Revised: 01/12/2015

School-Related Student Trip Request Form

09.36 AP.21

₩ Faculty member(s) sponsoring trip	Kevin Durham
₩ Type of trip (i.e. classroom, organization, club, athletic, band)	All State Choir
Restination name	The Galt House/KY Center for the Arts
★ Destination address	140 N Fourth St, Louisville, KY 40202
Destination phone	(502) 589-5200
Lodging name	The Galt House
Lodging address	140 N Fourth St, Louisville, KY 40202
Lodging phone	(502) 589-5200
₩ Date(s) of trip	Feb 5 & 6, 2025

Purpose/Educational value

Time of departure

The students have auditioned and been selected to sing in the KMEA Kentucky Children's Chorus at the Ky Center for the Arts. This is an amazing accomplishment.

08:00 am

Source of funding for trip	student activity
No student shall be denied the trip because of the inability to pay.	
ℜ Bill trip expenses to (i.e. Sponsoring organization, school council, Board)	WMES Student Activity? PD
* Number of students	2
* Number of faculty sponsors	1
☆ Other chaperones	2
☆ Total number of participants	5
Certified common carrier	
Private vehicle, if allowed by policy; specify driver(s)	Desi Hawkins will transport her daughter, and Melissa Brown will transport her son.

Supervision (Attach list of names of students and chaperones)

West Marion KMEA KCC list.pdf Added 12/10/2024 11:19:00 AM view

Add a File

* Have all chaperones undergone the required records check and been Yes designated by the principal/designee to supervise students?

Reviewed/Revised: 01/12/15

Employee Signature

Signed: Kevin l durham

Stamped:Tue Dec 10 2024 12:19:27 GMT-0500 (Eastern Standard Time);12/10/2024 11:19:27 AM;2024-12-10 17:19:27Z;170.185.150.203;Employee - #425 - KEVIN DURHAM

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Principal Signature

Signed: Daniel Mattingly

Stamped: Tue Dec 10 2024 14:27:24 GMT-0500 (Eastern Standard Time);12/10/2024 1:27:24 PM;2024-12-10 19:27:24Z;170.185.150.189;Employee - #331 - JOSEPH MATTINGLY

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

Dana.Thomas

Supervisor Signature

Signed: Dana Lee Thomas

Stamped: Tue Dec 10 2024 15:07:38 GMT-0500 (Eastern Standard Time);12/10/2024 2:07:38 PM;2024-12-10 20:07:38Z;170.185.150.191;User - Dana.Thomas - dana.thomas@marion.kyschools.us

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.

Field Trip Designee Signature

Signed: Michael K. Abell

Stamped:Tue Dec 10 2024 15:13:26 GMT-0500 (Eastern Standard Time);12/10/2024 2:13:27 PM;2024-12-10 20:13:27Z;170.185.150.206;User - michael.abell - michael.abell@marion.kyschools.us

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 School Field Trip Packet - OvernightGreater than 100 miles without District Transportation from Marion County Public Schools

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

Approve

Deny

School Field Trip Packet - OvernightGreater 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 <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

Jan 24-26, 2025

Time of departure

05:00 pm

Destination
Owensboro, KY

Purpose/Rationale for attending

Regional Competition

Number of students involved

12

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, Academic Competition athletic, band)

Destination name
Daviess County Courthouse

Destination address
Owensboro, KY

Destination phone
5023638965

Lodging name

Lodging address

Lodging phone

★ Date(s) of trip

Jan 24-26, 2025

★ Time of departure 05:00 pm

Purpose/Educational value Regional Competition

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)
 Number of students
 Number of faculty sponsors

★ Other chaperones
 0

Total number of participants
13

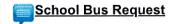
Supervision (Attach list of names of students and chaperones)

2024-2025 Mock Trial Roster.docx Added 12/16/2024 7:35:00 AM view

Add a File

* Have all chaperones undergone the required 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

Destination

Owensboro, KY

🟶 Date(s) of trip

Jan 24-26, 2025

🕷 Group requesting bus

Mock Trial Team

Purpose of trip

Regional Competition

🏶 Bus pick-up time

05:00 pm

🏶 Bus return time

08:00 pm

Mock Trial

🧩 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

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.

2024-2025 Mock Trial Roster.docx Added 12/16/2024 7:36:00 AM

view

Employee Signature

Signed: David Hibbard

Stamped: Mon Dec 16 2024 08:35:45 GMT-0500 (Eastern Standard Time);12/16/2024 7:35:45 AM;2024-12-16 13:35:45Z;170.185.150.206;Employee - #339 - DAVID HIBBARD

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Principal Signature

Signed: Robby Peterson

Stamped: Tue Dec 17 2024 10:49:55 GMT-0500 (Eastern Standard Time);12/17/2024 9:49:55 AM;2024-12-17 15:49:55Z;170.185.150.186;Employee - #371 - JOSEPH

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

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.

- Rus 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