

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

Organization: **Marion County Public Schools** Employee: **CHRISTINA 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	Jason Spalding/Dustin Benningfield
* School/Work site	Marion County ATC
* Date(s) of leave	March 25-27, 2025
* Time of departure	10:00 am
* Destination	Crowne Plaza Louisville
* Purpose/Rationale for attending	State SkillsUSA competition/conference
* Number of students involved	20

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

Number of days (Avg. \$100 a day) 2

Substitute code Bill to MCATC

* Registration No

Registration cost

Registration code

* Mileage No

Number of miles

Number of days

* Lodging Yes

Cost per night 250

Number of nights 2

Lodging rate Conference Rate

* Meals Yes

*Estimated **total** meal cost* 90

Meals/Mileage/Parking/Lodging Code MCATC Perkins

* Grand total of expenses 790

***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 Jason Spalding/Dustin Benningfield

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

* Destination name Crowne Plaza Louisville

* Destination address 830 Phillips Lane, Louisville KY

* Destination phone 502-367-2251

Lodging name

Lodging address

Lodging phone

* Date(s) of trip March 25-27, 2025

* Time of departure 10:00 am

* Purpose/Educational value
State SkillsUSA leadership conference/competition

* Source of funding for trip MCATC Perkins/club funds

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

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

* Number of students 20

* Number of faculty sponsors 2

* Other chaperones 1

* Total number of participants 23

* Supervision (Attach list of names of students and chaperones)

Blank bus request list.xlsx
Added 1/21/2025 10:23:00 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 1

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

- * Destination Crowne Plaza Louisville
- * Date(s) of trip March 25 drop off, March 27 pickup
- * Group requesting bus MCATC SkillsUSA
- * Purpose of trip State leadership conference
- * Bus pick-up time 10:00 am
- * Bus return time 01:00 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 Bill MCATC

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.

Blank bus request list.xlsx
Added 1/21/2025 10:24:00 AM

[view](#)

* Employee Signature

Signed: **Jason Spalding**

Stamped: Tue Jan 21 2025 11:23:49 GMT-0500 (Eastern Standard Time); 1/21/2025 10:23:49 AM; 2025-01-21 16:23:49Z; 170.185.150.185; Employee - #23 - CHRISTINA MCRAY

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: **Christina McRay**

Stamped: Tue Jan 21 2025 11:55:50 GMT-0500 (Eastern Standard Time); 1/21/2025 10:55:50 AM; 2025-01-21 16:55:50Z; 170.185.150.185; Employee - #23 - CHRISTINA MCRAY

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

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**

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
----------------	-------------

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

Organization: **Marion County Public Schools**

Employee: **CHRISTINA 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	Chastity Gribbins
* School/Work site	Marion County ATC
* Date(s) of leave	March 20-22, 2025
* Time of departure	10:00 am
* Destination	Crowne Plaza Louisville
* Purpose/Rationale for attending	State HOSA leadership conference
* Number of students involved	20

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

Number of days (Avg. \$100 a day) 2

Substitute code Bill to MCATC

* Registration No

Registration cost

Registration code

* Mileage No

Number of miles

Number of days

* Lodging Yes

Cost per night 250

Number of nights 2

Lodging rate Conference Rate

* Meals Yes

*Estimated **total** meal cost* \$90

Meals/Mileage/Parking/Lodging Code MCATC Perkins

* Grand total of expenses 790

***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 Chastity Gribbins
- * Type of trip (i.e. classroom, organization, club, athletic, band) MCATC HOSA
- * Destination name Crowne Plaza Louisville
- * Destination address 830 Phillips Lane, Louisville KY
- * Destination phone 502-367-2251
- Lodging name*
- Lodging address* 3520 Raywick Road
- Lodging phone*
- * Date(s) of trip March 20-22, 2025
- * Time of departure 10:00 am
- * Purpose/Educational value Attend State HOSA leadership conference/competition
- * Source of funding for trip MCATC Perkins/club funds
- No student shall be denied the trip because of the inability to pay.*
- * Bill trip expenses to (i.e. Sponsoring organization, school council, Board) MCATC
- * Number of students 20
- * Number of faculty sponsors 1
- * Other chaperones 0
- * Total number of participants 21
- * Supervision (Attach list of names of students and chaperones)

Blank bus request list.xlsx Added 1/21/2025 9:38:00 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 1

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

* Destination Crowne Plaza Louisville

* Date(s) of trip March 20 drop off, March 22 pickup

* Group requesting bus MCATC HOSA

* Purpose of trip State leadership conference

* Bus pick-up time 10:00 am

* Bus return time 02:00 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 Bill MCATC

[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.

Blank bus request list.xlsx
Added 1/21/2025 9:39:00 AM

[view](#)

* Employee Signature

Signed: **Christina McRay**
Stamped: Tue Jan 21 2025 10:39:20 GMT-0500 (Eastern Standard Time); 1/21/2025 9:39:20 AM; 2025-01-21 15:39:20Z; 170.185.150.185; Employee - #23 - CHRISTINA MCRAY
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: **Christina McRay**
Stamped: Tue Jan 21 2025 11:54:57 GMT-0500 (Eastern Standard Time); 1/21/2025 10:54:57 AM; 2025-01-21 16:54:57Z; 170.185.150.185; Employee - #23 - CHRISTINA MCRAY
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
<p>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.</p>	

*** Field Trip Designee Signature**

Not Signed	Read-Only
<p>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.</p>	

*** Date of Board approval**

*** Superintendent Signature**

Not Signed	Read-Only
<p>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.</p>	

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: **JANICE HOPPES**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	Jason Spalding
* School/Work site	Marion County ATC
* Date(s) of leave	3/13/25-3/15/25
* Time of departure	03:30 pm
* Destination	Dale Hollow Lake 2040 Sunset Dock Rd Monroe, TN 38573
* Purpose/Rationale for attending	Battle At the border fishing tournament
* Number of students involved	2

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

Number of days (Avg. \$100 a day) 1

Substitute code MCHS Fishing team

* Registration No

Registration cost

Registration code

* Mileage No

Number of miles

Number of days

* Lodging Yes

Cost per night 220

Number of nights 2

Lodging rate Regular Rate

* Meals No

*Estimated **total** meal cost*


Meals/Mileage/Parking/Lodging Code MCHS Fishing team

* Grand total of expenses 440

***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 Jason Spalding
- * Type of trip (i.e. classroom, organization, club, athletic, band) Athletic
- * Destination name Dale Hollow Lake
- * Destination address Sunset Marina- 2040 Sunset Dock Rd, Monroe, TN 38573
- * Destination phone (931) 864-3146
- Lodging name VRBO
- Lodging address 1012 Center Lane Byrdstown, TN 38549
- Lodging phone
- * Date(s) of trip 3/13/25-3/15
- * Time of departure 03:30 pm
- * Purpose/Educational value Fishing tournament for the Bass fishing team
- * Source of funding for trip MCHS Fishing team
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 Fishing team
- * Number of students 2
- * Number of faculty sponsors 1
- * Other chaperones 0
- * Total number of participants 3
- Certified common carrier Private vehicle
- Private vehicle, if allowed by policy; specify driver(s) Jason Spalding
- * Supervision (Attach list of names of students and chaperones)

FISHING.docx [view](#)
 Added 1/23/2025 8:56:00 AM

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

* Employee Signature

Signed: **Jason Spalding**

Stamped: Thu Jan 23 2025 09:56:06 GMT-0500 (Eastern Standard Time); 1/23/2025 8:56:07 AM; 2025-01-23 14:56:07Z; 170.185.150.221; Employee - #457 - JANICE HOPPE

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 Feb 03 2025 14:46:30 GMT-0500 (Eastern Standard Time); 2/3/2025 1:46:30 PM; 2025-02-03 19:46:30Z; 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

Dropdown menu with a downward arrow.

Supervisor 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.

* Field 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.

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	Feb 28-Mar 2, 2025
* Time of departure	08:00 am
* Destination	Lexington, KY
* Purpose/Rationale for attending	State Mock Trial Tournament
* Number of students involved	12

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

Number of days (Avg. \$100 a day) 1

Substitute code Mock trial

* 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) Academic Competition
- * Destination name Fayette County Courthouse
- * Destination address Lexington, KY
- * Destination phone 859-236-5218
- Lodging name*
- Lodging address* 574 Tingle Lane
- Lodging phone* 8594815044
- * Date(s) of trip Feb 28-Mar 2, 2025
- * 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
- * Number of students 12
- * Number of faculty sponsors 1
- * Other chaperones 0
- * Total number of participants 13
- * Supervision (Attach list of names of students and chaperones)

Mock Trial Roster 2024-25.docx Added 1/29/2025 9:55:00 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 District Vehicle

**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 Feb 2-Mar 2, 2025

* Group requesting bus Mock Trial Team

* Purpose of trip State Tournament

* Bus pick-up time 08:00 am

* Bus return time 04:40 pm

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

* Account to be charged Mock Trial

[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.

Mock Trial Roster 2024-25.docx	view
Added 1/29/2025 9:56:00 AM	

* Employee Signature

Signed: **David Hibbard**

Stamped: Wed Jan 29 2025 10:56:25 GMT-0500 (Eastern Standard Time); 1/29/2025 9:56:25 AM; 2025-01-29 15:56:25Z; 170.185.150.206; Employee - #339 - DAVID HIBBARD

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 Feb 03 2025 14:44:27 GMT-0500 (Eastern Standard Time); 2/3/2025 1:44:27 PM; 2025-02-03 19:44:27Z; 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 Dana Thomas ▼

* Supervisor 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.

*** Field 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