

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

Organization: **Marion County Public Schools** Employee: **TARA WADE**
 Assigned To: **User - kim.hood**
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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	Tara Wade
* School/Work site	Marion County High School
* Date(s) of leave	04/14/2025-04/16/2025
* Time of departure	12:30 pm
* Destination	Galt House, Louisville
* Purpose/Rationale for attending	State FBLA competition
* Number of students involved	19

* 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) 2.5

Substitute code Perkins

* Registration Yes

Registration cost 60

Registration code Perkins

* Mileage No

Number of miles

Number of days

* Lodging Yes

Cost per night 400

Number of nights 2

Lodging rate Conference Rate

* Meals Yes

*Estimated **total** meal cost* 100

Meals/Mileage/Parking/Lodging Code Perkins

* Grand total of expenses 560

***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 Tara Wade
- * Type of trip (i.e. classroom, organization, club, athletic, band) FBLA
- * Destination name Galt House
- * Destination address 140 N. Fourth Street, Louisville, KY
- * Destination phone 502-589-5200
- Lodging name Galt House
- Lodging address 140 N. Fourth Street, Louisville, KY
- Lodging phone 502-589-5200
- * Date(s) of trip 04/14/2025-04/16/2025
- * Time of departure 12:30 pm
- * Purpose/Educational value FBLA State Conference
- * Source of funding for trip CTE Funds/Business Ed.

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

- * Bill trip expenses to (i.e. Sponsoring organization, school council, Board) CTE Funds/Business Ed.
- * Number of students 19
- * Number of faculty sponsors 1
- * Other chaperones 0
- * Total number of participants 20

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

FBLA Region 3 Competition - Sheet1.pdf [view](#)
 Added 3/10/2025 9:18:00 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

 **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 Galt House

* Date(s) of trip 04/14/2025-04/16/2025

* Group requesting bus FBLA

* Purpose of trip State Leadership Conference

* Bus pick-up time 12:30 pm

* Bus return time 10:30 am

* 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 CTE Funds/Business Ed

[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.

FBLA Region 3 Competition - Sheet1.pdf
Added 3/10/2025 9:19:00 AM

[view](#)

* Employee Signature

Signed: **Tara Wade**
Stamped: Mon Mar 10 2025 10:19:16 GMT-0400 (Eastern Daylight Time); 3/10/2025 9:19:16 AM; 2025-03-10 14:19:16Z; 170.185.150.174; Employee - #356 - TARA WADE
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 Mar 10 2025 14:45:24 GMT-0400 (Eastern Daylight Time); 3/10/2025 1:45:24 PM; 2025-03-10 18:45:24Z; 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

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

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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