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
July 12-14, 2025

★ Time of departure 09:00 am

Destination

University of Kentucky

Purpose/Rationale for attending

Volleyball Team 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

₩ 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

*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

athletic, band)

Restination name University of Kentucky

Destination address
100 Avenue of Champions

♣ Destination phone 859-231-5972

Lodging name

Lodging address 574 Tingle Lane

Lodging phone 8594815044

Date(s) of trip
July 12-14, 2025

Time of departure 09:00 am

Purpose/Educational value

Team Camp at University of Kentucky

★ 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	15	
Number of faculty sponsors	1	
★ Other chaperones	0	

100

Supervision (Attach list of names of students and chaperones)

25 Roster.xlsx Added 5/27/2025 7:58:00 AM

Total number of participants

view

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

Yes

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

Destination

Lexington, KY

Date(s) of trip

July 12-14, 2025

🟶 Group requesting bus

Volleyball

Purpose of trip

Volleyball Team Camp

Bus pick-up time

09:00 am

Rus return time

08:00 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

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.

25 Roster.xlsx Added 5/27/2025 7:59:00 AM

view

Employee Signature

Signed: David Hibbard

Stamped: Tue May 27 2025 08:59:07 GMT-0400 (Eastern Daylight Time);5/27/2025 7:59:07 AM;2025-05-27 12:59:07Z;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: Tue May 27 2025 09:51:05 GMT-0400 (Eastern Daylight Time);5/27/2025 8:51:05 AM;2025-05-27 13:51:05Z;170.185.150.186;Employee - #371 - JOSEPH PETERSON

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- 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: TARA WADE

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

★ School/Work site

Marion County High School

* Date(s) of leave 06/03/2025-06/05/2025

★ Time of departure 08:00 am

Destination

111 FFA Camp Road, Hardinsburg, KY

Purpose/Rationale for attending

FBLA 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 Yes

Registration cost 115

Registration code Perkins

Number of miles 92

Number of days

★ Lodging No.

Cost per night

Number of nights

Lodging rate

₩ Meals No

Estimated total meal cost

Meals/Mileage/Parking/Lodging Code

Region of Grand total of expenses 193

*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, FBLA athletic, band)

₩ Destination name FFA Camp

★ Destination address

111 FFA Camp Road, Hardinsburg, KY

♣ Destination phone
270-756-2301

Lodging name FFA Camp

Lodging address 111 FFA Camp Road, Hardinsburg, KY

Lodging phone 270-765-2301

* Date(s) of trip 06/03/2025-06/05/2025

* Time of departure 08:00 am

Purpose/Educational value FBLA Camp for officer team

Source of funding for trip Perkins

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

Number of students	5			
Number of faculty sponsors	1			
Other chaperones	0			

Certified common carrier

Total number of participants

Private vehicle, if allowed by policy; specify driver(s)

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

FBLA Camp.pdf Added 5/20/2025 1:56:00 PM view

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

Employee Signature

Signed: Tara Wade

Stamped:Tue May 20 2025 14:56:31 GMT-0400 (Eastern Daylight Time);5/20/2025 1:56:31 PM;2025-05-20 18:56:31Z;170.185.150.174;Employee - #356 - TARA WADE

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Principal Signature

Signed: Robby Peterson

Stamped: Tue May 27 2025 09:50:45 GMT-0400 (Eastern Daylight Time);5/27/2025 8:50:45 AM;2025-05-27 13:50:45Z;170.185.150.186;Employee - #371 - JOSEPH PETERSON

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Direct this field trip packet to

Supervisor Signature

Not Signed

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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-On Ly

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.

Approve

Deny