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 <u>only</u> be approved at the first regular board meeting each month.

8

School Professional Leave

03.125 AP.21

★ Employee Name

Adam McRay

Adam Mc

★ School/Work site

Marion County High School

★ Date(s) of leave
2/12/26 - 2/14/26

★ Time of departure 08:00 am

* Destination Name & Address

Morehead State University 150 University Blvd, Morehead, KY 40351

Purpose/Rationale for attending Morehead State Honors Band Clinic

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) 2

Substitute code BAND

★ Registration No.

Registration cost

Registration code

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

 *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

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* Faculty member(s) sponsoring trip

McRay

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

Band/Classroom

Destination name

Morehead State University

Destination address

150 University Blvd, Morehead, KY 40351

🏶 Destination phone

(800) 585-6781

Lodging name

Lodging address

Lodging phone

Date(s) of trip

2/12-2/14

Time of departure

01:00 am

Purpose/Educational value

High Caliber Honor Band with world class clinicians

Source of funding for trip

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)

5151918 0898

Number of students

R

* Number of students

U

Number of faculty sponsors

1

Other chaperones

0

* Total number of participants

0

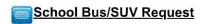
Supervision (Attach list of names of students and chaperones)

MSU Roster.pdf Added 11/26/2025 4:01:00 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



This authorization for the use of this vehicle is valid for the use of said vehicle as a "School Bus/SUV" and for no other purpose.

Unsure of policy for overnight however if allowed if number of students is able to fit in an SUV please select that one. Times are unknown until schedule is released. Will Advise on times and number of student that are selected.

Destination Name & Address
Morehead State University

★ Date(s) of trip 2/12-2/14

★ Group requesting bus/SUV Band

Rurpose of trip Morehead State Band Clinic

₩ Bus/SUV pick-up time

01:00 am

★ Bus/SUV return time 01:00 am

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 5151918-0898

Blank Student List Template

* Faculty supervision will be provided for this trip. At least one member of our faculty will ride in each bus/SUV. A copy of the list of pupils that are assigned to ride this particular school bus/SUV can be uploaded below. The driver will be given a copy and the school should also keep a copy of all riders on file.

MSU Roster.pdf Added 11/26/2025 4:03:00 PM view

Employee Signature

Signed: Adam McRay

Stamped:Wed Nov 26 2025 17:03:55 GMT-0500 (Eastern Standard Time);11/26/2025 4:03:39 PM;2025-11-26 22:03:39Z;12.77.239.2;Employee - #962 - ADAM 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: Robby Peterson

Stamped:Mon Dec 01 2025 08:41:18 GMT-0500 (Eastern Standard Time);12/1/2025 7:41:13 AM;2025-12-01 13:41:13Z;170.185.150.206;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-Onl

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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
- 苯 Driver Signature/Date

Approve

Deny