

School Field Trip Packet - Day Trips with District Transportation

Organization: **Marion County Public Schools**Employee: **ADAM MCRAY**Assigned To: **User - kim.hood**[Show History](#)[Remove Applicants or Employees](#)

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	5/2/26
* Time of departure	07:00 am
* Destination Name & Address	Kings Island, Mason, OH 45040
* Purpose/Rationale for attending	Music in the Parks, Optional Band Reward Trip
* Number of students involved	53

* Substitute needed (please remember to enter your absence in Aesop, even if a substitute is not required.) No

*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 Adam McRay
 * Type of trip (i.e. classroom, organization, club, athletic, band) Band
 * Destination name Kings Island
 * Destination address Kings Island, Mason, OH 45040
 * Destination phone N/A

Lodging name

Lodging address

Lodging phone

* Date(s) of trip 5/2/26
 * Time of departure 07:00 am

* Purpose/Educational value
 Music in the Parks, Band Reward Trip

* Source of funding for trip Students / Band

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 57

* Number of faculty sponsors 4

* Other chaperones 0

* Total number of participants 61

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

Marion Band List.pdf Added 2/25/2026 7:17:00 AM	view
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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/SUV Request

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.

Buses/SUV needed (please list below if need bus or SUV)

Bus - Updated list of students will be sent. I do not expect the full group since it is optional and on a Saturday. I would imagine the number will be able to fit on one bus.

-  Destination Name & Address Kings Island, Mason, OH 45040
-  Date(s) of trip 5/2/26
-  Group requesting bus/SUV Band
-  Purpose of trip Band Reward
-  Bus/SUV pick-up time 07:00 am
-  Bus/SUV return time 08:00 pm
-  When transporting items that cannot be held in lap of students, under storage will be required to store these items. Under storage will not be required
-  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.

Marion Band List.pdf
Added 2/25/2026 7:19:00 AM

[view](#)

Employee Signature

Signed: **Adam McRay**

Stamped:Wed Feb 25 2026 08:22:02 GMT-0500 (Eastern Standard Time);2/25/2026 7:22:03 AM;2026-02-25 13:22:03Z;170.185.150.228;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:Wed Feb 25 2026 08:33:28 GMT-0500 (Eastern Standard Time);2/25/2026 7:33:28 AM;2026-02-25 13:33:28Z;170.185.150.206

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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>	

*** 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 - Overnight Greater than 100 miles with District Transportation

Organization: **Marion County Public Schools** Employee: **JESSICA JOHNSON**

Assigned To: **User - kim.hood**

[Show History](#)

[Remove Applicants or Employees](#)

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	Jessica Johnson
* School/Work site	Marion County High School
* Date(s) of leave	March 24-26
* Time of departure	05:00 pm
* Destination Name & Address	Galt House Hotel and Suites 140 North Fourth St. Louisville, KY 40202
* Purpose/Rationale for attending	Students competing in state FCCLA competition.
* Number of students involved	16

* 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) 3

Substitute code Perkins

* Registration Yes

Registration cost 130.00

Registration code Perkins

* Mileage No

Number of miles

Number of days

* Lodging Yes

Cost per night 219.00

Number of nights 3

Lodging rate Conference Rate

* Meals Yes

*Estimated **total** meal cost* 120.00

Meals/Mileage/Parking/Lodging Code 777.00

* Grand total of expenses 1077

***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 Jessica Johnson

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

* Destination name Galt House Hotel and Suites

* Destination address 140 N Fourth St, Louisville, KY 40202

* Destination phone (502) 589-5200

Lodging name Galt House Hotel and Suites

Lodging address 140 N Fourth St, Louisville, KY 40202

Lodging phone (502) 589-5200

* Date(s) of trip March 24-27

* Time of departure 05:00 pm

* Purpose/Educational value Students competing at state FCCLA meeting.

* Source of funding for trip Board- Perkins

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

* Bill trip expenses to (i.e. Sponsoring organization, school council, Board) Board-Perkins/CTE Funds

* Number of students 16

* Number of faculty sponsors 2

* Other chaperones 0

* Total number of participants 18

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

State FCCLA 2026.docx [view](#)
Added 2/23/2026 9:19:00 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/SUV Request

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.

 Buses/SUV needed (please list below if need bus or SUV)

1 Bus

 Destination Name & Address 140 N. 4th St. Louisville KY

 Date(s) of trip March 24-26

 Group requesting bus/SUV FCCLA

 Purpose of trip State Meeting

 Bus/SUV pick-up time 5:00 pm

 Bus/SUV return time 2:30 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 Board/CTE Funds

[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.

State FCCLA 2026.docx [view](#)
Added 2/23/2026 9:20:00 AM

 Employee Signature

Signed: **Jessica Johnson**

Stamped: Mon Feb 23 2026 10:19:40 GMT-0500 (Eastern Standard Time); 2/23/2026 9:19:40 AM; 2026-02-23 15:19:40Z; 170.185.150.201; Employee - #346 - JESSICA JOHNSON

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 23 2026 10:39:24 GMT-0500 (Eastern Standard Time); 2/23/2026 9:39:23 AM; 2026-02-23 15:39:23Z; 170.185.150.206; Employee - #371 - JOSEPH PETERSON

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 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