

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

Organization: **Marion County Public Schools**      Employee: **James Rogers**

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                   | James Rogers  |
| * School/Work site                | Marion County High School                                   |
| * Date(s) of leave                | 02 June - 6 June 2026                                       |
| * Time of departure               | 08:00 am  |
| * Destination Name & Address      | Camp Crooked Creek 950 Terry Drive Shepherdsville, KY 40165 |
| * Purpose/Rationale for attending | JROTC Leadership Camp                                       |
| * Number of students involved     | 4   |

\* 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      Yes

*Number of miles*      44

*Number of days*      5

\* 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 200

**\*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 James Rogers

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

\* Destination name Camp Crooked Creek

\* Destination address 950 Terry Drive, Shepherdsville, KY

\* Destination phone 2708494904

*Lodging name*

*Lodging address*

*Lodging phone*

\* Date(s) of trip 2-6 June 2026

\* Time of departure 08:00 am

\* Purpose/Educational value  
JROTC Leadership Camp

\* Source of funding for trip JROTC

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

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

\* Number of students 4

\* Number of faculty sponsors 1

\* Other chaperones 0

\* Total number of participants 5

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

JROTC Leadership Camp.docx

Added 2/17/2026 7:50:00 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/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)  
SUV primary/bus as a back-up

 Destination Name & Address 950 Terry Drive, Shepherdsville, KY

 Date(s) of trip 2-6 June 2026

 Group requesting bus/SUV JROTC

 Purpose of trip Leadership Camp

 Bus/SUV pick-up time 08:00 am

 Bus/SUV return time 04:00 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.

JROTC Leadership Camp.docx [view](#)  
Added 2/17/2026 7:50:00 AM

#### Employee Signature

Signed: **James Rogers**

Stamped: Tue Feb 17 2026 08:50:21 GMT-0500 (Eastern Standard Time); 2/17/2026 7:50:22 AM; 2026-02-17 13:50:22Z; 170.185.150.224; Employee - #1007 - James Rogers

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 Feb 17 2026 11:15:32 GMT-0500 (Eastern Standard Time); 2/17/2026 10:15:32 AM; 2026-02-17 16:15:32Z; 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-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**