

School Field Trip Packet - Day Trips with District Transportation

Organization: **Marion County Public Schools** Employee: **CHRISTINA MCRAY**

Assigned To: **Email - jennifer.wheeler@marion ...**

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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

PERSONNEL

03.125 AP.21

| | |
|------------------------------|---|
| * Employee Name | Chastity Gribbins/Jada Brady |
| * School/Work site | Marion County ATC <input type="button" value="v"/> |
| * Date(s) of leave | March 19-20, 2026 |
| * Time of departure | <input type="text" value="09:00 am"/> |
| * Destination Name & Address | <input type="text" value="Home2 Suites 3000 Crittenden Drive, Louisville"/> |

* Purpose/Rationale for attending

* Number of students involved

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

Number of days (Avg. \$100 a day)

Substitute code

* Registration Yes No

Registration cost

Registration code

* Mileage Yes No

Number of miles

Number of days

* Lodging Yes No

Cost per night

Number of nights

Lodging rate

* Meals Yes No

Estimated **total** meal cost

Meals/Mileage/Parking/Lodging Code

* Grand total of expenses 400

***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**

STUDENTS

09.36 AP.21

* Faculty member(s) sponsoring trip Chastity Gribbins/Jada Brady

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

* Destination name Home 2 Suites

* Destination address 3000 Crittenden Drive, Louis

* Destination phone (502) 916-3800

Lodging name

Lodging address

Lodging phone

* Date(s) of trip March 19-20, 2026

* Time of departure 09:00 am

* Purpose/Educational value
HOSA state competition

* Source of funding for trip

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

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

* Number of students

* Number of faculty sponsors

* Other chaperones

* Total number of participants

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

Blank bus request list.xlsx [view](#) [delete](#)
Added 2/6/2026 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 No

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 will drop off at competition on March 19, and then pick up on Friday March 20 after school.

* Destination Name & Address

* Date(s) of trip

* Group requesting bus/SUV

* Purpose of trip

* Bus/SUV pick-up time

* Bus/SUV return time

* 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 Under storage will not be required

* Account to be charged

[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.

Blank bus request list.xlsx [view](#) [delete](#)
Added 2/6/2026 9:19:00 AM

*** Employee Signature**

Signed: Christina McRay

Stamped: Fri Feb 06 2026 10:19:09 GMT-0500 (Eastern Standard Time); 2/6/2026 9:19:10 AM; 2026-02-06 15:19:10Z; 170.185.150.185; Employee - #23 - CHRISTINA MCRAY

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*** Principal Signature**

Signed: Christina McRay

Stamped: Fri Feb 06 2026 12:16:49 GMT-0500 (Eastern Standard Time); 2/6/2026 11:16:50 AM; 2026-02-06 17:16:50Z; 170.185.150.185; Employee - #23 - CHRISTINA MCRAY

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*** Direct this field trip packet to**

Dana Thomas



Supervisor Signature

Signed: Dana Lee Thomas

Stamped: Fri Feb 06 2026 15:20:44 GMT-0500 (Eastern Standard Time); 2/6/2026 2:20:45 PM; 2026-02-06 20:20:45Z; 170.185.150.228; User - Dana.Thomas - dana.thomas@marion.kyschools.us

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*** Field Trip Designee Signature**

Signed: Michael K. Abell

Stamped: Fri Feb 06 2026 15:23:37 GMT-0500 (Eastern Standard Time); 2/6/2026 2:23:37 PM; 2026-02-06 20:23:37Z; 170.185.150.192

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*** Superintendent Signature**

[Click to Digitally Sign](#)

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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

Update Completed Form

School Field Trip Packet - Day Trips with District Transportation

Organization: **Marion County Public Schools** Employee: **CHRISTINA MCRAY**

Assigned To: **Email - jennifer.wheeler@marion ...**

Warning: You are not the assigned user for this stage.

[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

PERSONNEL

03.125 AP.21

* Employee Name

* School/Work site

* Date(s) of leave

* Time of departure

* Destination Name & Address

* Purpose/Rationale for attending

* Number of students involved

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

Number of days (Avg. \$100 a day)

Substitute code

* Registration Yes No

Registration cost

Registration code

* Mileage Yes No

Number of miles

Number of days

* Lodging Yes No

Cost per night _____

Number of nights _____

Lodging rate _____

* Meals Yes 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

Drop off @ Crowne Plaza on Monday, March 30. Go back to pick up on Thursday, April 2

Reviewed/Revised: 01/12/2015

 **School-Related Student Trip Request Form**

STUDENTS

09.36 AP.21

* Faculty member(s) sponsoring trip

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

* Destination name

* Destination address

* Destination phone

Lodging name

Lodging address _____

Lodging phone _____

* Date(s) of trip

* Time of departure

* Purpose/Educational value

* Source of funding for trip

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

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

* Number of students

* Number of faculty sponsors

* Other chaperones

* Total number of participants

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

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Added 2/6/2026 10:54:00 AM

Add a File

* Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Reviewed/Revised: 01/12/15

School Bus/SUV Request

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

Bus

* Destination Name & Address

* Date(s) of trip

* Group requesting bus/SUV

* Purpose of trip

* Bus/SUV pick-up time

* Bus/SUV return time

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[Blank Student List Template](#)

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Added 2/6/2026 10:56:00 AM

*** Employee Signature**

Signed: Christina McRay

Stamped: Fri Feb 06 2026 11:56:14 GMT-0500 (Eastern Standard Time); 2/6/2026 10:56:15 AM; 2026-02-06 16:56:15Z; 170.185.150.185; Employee - #23 - CHRISTINA MCRAY

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*** Principal Signature**

Signed: Christina McRay

Stamped: Fri Feb 06 2026 12:53:15 GMT-0500 (Eastern Standard Time); 2/6/2026 11:53:16 AM; 2026-02-06 17:53:16Z; 170.185.150.185; Employee - #23 - CHRISTINA MCRAY

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*** Direct this field trip packet to**

Dana Thomas



Supervisor Signature

Signed: Dana Lee Thomas

Stamped: Fri Feb 06 2026 15:18:47 GMT-0500 (Eastern Standard Time); 2/6/2026 2:18:48 PM; 2026-02-06 20:18:48Z; 170.185.150.228; User - Dana.Thomas - dana.thomas@marion.kyschools.us

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*** Field Trip Designee Signature**

Signed: Michael K. Abell

Stamped: Fri Feb 06 2026 15:25:26 GMT-0500 (Eastern Standard Time); 2/6/2026 2:25:26 PM; 2026-02-06 20:25:26Z; 170.185.150.192

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