



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

Organization: **Marion County Public Schools** Employee: **JAMIE BROWN**

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

[Show History](#)

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	Jamie Brown
* School/Work site	Marion County High School
* Date(s) of leave	June 16-20, 2026
* Time of departure	10:00 am
* Destination Name & Address	Opryland Hotel, 2800 Opryland Dr, Nashville, TN
* Purpose/Rationale for attending	National Beta Convention/student competitions, national officer candidate
* Number of students involved	27

* 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 Jamie Brown, Erin Benton, Laura Mattingly

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

* Destination name Opryland Hotel

* Destination address 2800 Opryland Dr, Nashville, TN

* Destination phone 615-219-6368

Lodging name Opryland Hotel

Lodging address 2800 Opryland Dr., Nashville, TN

Lodging phone 615-219-6368

* Date(s) of trip June 16-20, 2026

* Time of departure 10:00 am

* Purpose/Educational value National Convention-student competitions and national officer candidate

* Source of funding for trip Student/Club

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

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

* Number of students 30

* Number of faculty sponsors 3

* Other chaperones 11

* Total number of participants 44

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

MCHS Beta Field Trip Participant List-June 16-20, 2026.pdf

[view](#)

Added 3/24/2026 7:32:00 AM

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

Reviewed/Revised: 01/12/15

 **School Bus/SUV Request**

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.

✳ Field Trip Designee Signature

Not Signed

Read-Only

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.

✳ 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 - Overnight Greater than 100 miles with District Transportation

Organization: **Marion County Public Schools** Employee: **TARA TATUM**

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	Tara Tatum
* School/Work site	Marion County High School
* Date(s) of leave	4/27/2026-4/29/2026
* Time of departure	11:30 am
* Destination Name & Address	Galt House, Louisville, KY
* Purpose/Rationale for attending	FBLA State Leadership Conference
* Number of students involved	18

* 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) 2.5

Substitute code Perkins

* Registration Yes

Registration cost 60

Registration code Perkins

* Mileage No

Number of miles

Number of days

* Lodging Yes

Cost per night 210

Number of nights 2

Lodging rate Conference Rate

* Meals Yes

*Estimated **total** meal cost* 80

Meals/Mileage/Parking/Lodging Code Perkins

✳ Grand total of expenses 500

***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 S Tatum
- ✳ Type of trip (i.e. classroom, organization, club, athletic, band) Marion County High School
- ✳ Destination name Galt House
- ✳ Destination address 140 N. Fourth Street, Louisville, KY 40202
- ✳ Destination phone 5025895200
- Lodging name* Galt House
- Lodging address* 140 N. Fourth Street, Louisville, KY 40202
- Lodging phone* 5025895200
- ✳ Date(s) of trip 4/27/2026-4/29/2026
- ✳ Time of departure 11:30 am
- ✳ Purpose/Educational value
FBLA State Leadership Conference
- ✳ Source of funding for trip Perkins/CTE/Business

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

- ✳ Bill trip expenses to (i.e. Sponsoring organization, school council, Board) Business Ed.
- ✳ Number of students 18
- ✳ Number of faculty sponsors 1
- ✳ Other chaperones 1
- ✳ Total number of participants 20

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

FBLA STATE CONFERENCE_ 2_23_2026.pdf [view](#)
Added 3/17/2026 9:35:00 AM


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✳ 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

 Destination Name & Address Galt House, 140 N. Fourth Street, Louisville, KY 40202


 Date(s) of trip 04/27/2026-04/29/2026

 Group requesting bus/SUV FBLA

 Purpose of trip State Conference


 Bus/SUV pick-up time 11:30 am

 Bus/SUV return time 02:30 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 Business Ed

[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.

FBLA STATE CONFERENCE_ 2_23_2026.pdf

[view](#)

Added 3/17/2026 9:37:00 AM

 Employee Signature

Signed: **Tara S Tatum**

Stamped: Tue Mar 17 2026 10:36:38 GMT-0400 (Eastern Daylight Time); 3/17/2026 9:36:39 AM; 2026-03-17 14:36:39Z; 170.185.150.174; Employee - #356 - TARA TATUM

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 Mar 17 2026 10:55:35 GMT-0400 (Eastern Daylight Time); 3/17/2026 9:55:35 AM; 2026-03-17 14:55:35Z; 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**

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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 - Overnight Greater than 100 miles without District Transportation

Organization: **Marion County Public Schools** Employee: **JASON SPALDING**

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

[Show History](#)

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	Jason Spalding
✳ School/Work site	Marion County ATC
✳ Date(s) of leave	May 6 - May 9
✳ Time of departure	12:00 pm
✳ Destination	Kentucky Lake - kentucky Dam Village
✳ Purpose/Rationale for attending	KHSAA State Championship
✳ Number of students involved	6

✳ 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)

Substitute code

✳ Registration Yes

Registration cost 0

Registration code

✳ Mileage No

Number of miles

Number of days

✳ Lodging Yes

Cost per night 350

Number of nights 3

Lodging rate Conference Rate

✳ Meals No

*Estimated **total** meal cost*

Meals/Mileage/Parking/Lodging Code

✳ Grand total of expenses 3150

***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

I don't know what to put for meals, there is nothing around except a Walmart. Number of students may change, depending on how many make state.

Reviewed/Revised: 01/12/2015

 **School-Related Student Trip Request Form**

09.36 AP.21

- * Faculty member(s) sponsoring trip 1
 - * Type of trip (i.e. classroom, organization, club, athletic, band) Bass Fishing State Championship
 - * Destination name Kentucky Dam Village
 - * Destination address 166 Upper Village Dr. Gilbertsville, KY 42044
 - * Destination phone 2703624271
 - Lodging name Kentucky Dam Village
 - Lodging address 166 Upper Village Dr.
 - Lodging phone
 - * Date(s) of trip May 6 - May 9
 - * Time of departure 12:00 pm
 - * Purpose/Educational value KHSAA State Championship
 - * Source of funding for trip Bass Fishing
- No student shall be denied the trip because of the inability to pay.*
- * Bill trip expenses to (i.e. Sponsoring organization, school council, Board) Bass Fishing
 - * Number of students 6
 - * Number of faculty sponsors 1
 - * Other chaperones 1
 - * Total number of participants 7

Certified common carrier

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

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

State maybe list.xlsx Added 3/19/2026 2:13:00 PM	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

* Employee Signature

Signed: Jason Spalding
Stamped: Thu Mar 19 2026 15:13:34 GMT-0400 (Eastern Daylight Time); 3/19/2026 2:13:34 PM; 2026-03-19 19:13:34Z; 170.185.150.200; Employee - #515 - JASON SPALDING
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* Principal Signature

Signed: Christina McRay
Stamped: Mon Mar 23 2026 07:27:18 GMT-0400 (Eastern Daylight Time); 3/23/2026 6:27:18 AM; 2026-03-23 11:27:18Z; 170.185.150.185
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 [dropdown menu]

Supervisor Signature

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* Field Trip Designee Signature

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* Date of Board approval

* Superintendent Signature

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