

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

Organization: **Marion County Public Schools**      Employee: **MAKENZIE THOMAS**  
 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 Makenzie Thomas
- \* School/Work site Marion County High School
- \* Date(s) of leave July 13-17, 2026
- \* Time of departure 12:00 am
- \* Destination Name & Address  
 KY FFA Leadership Training Center 111 FFA Camp Road Hardinsburg, KY
- \* Purpose/Rationale for attending  
 Allow students to attend FFA Camp, receiving leadership training for the upcoming year.
- \* Number of students involved 14

\* 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 Makenzie Thomas and Trevor Sweet
- \* Type of trip (i.e. classroom, organization, club, athletic, band) FFA
- \* Destination name KY LTC
- \* Destination address 111 FFA Camp Road Hardinsburg, KY 41043
- \* Destination phone 8598183390

*Lodging name*

*Lodging address*

*Lodging phone*

- \* Date(s) of trip July 13-17, 2026
- \* Time of departure 12:00 am
- \* Purpose/Educational value Allow students to attend FFA Camp, receiving leadership training for the upcoming year.
- \* Source of funding for trip FFA

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

- \* Bill trip expenses to (i.e. Sponsoring organization, school council, Board) FFA
- \* Number of students 14
- \* Number of faculty sponsors 2
- \* Other chaperones 0
- \* Total number of participants 16
- \* Supervision (Attach list of names of students and chaperones)

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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)

1 bus with storage. Trevor will Drive

\* Destination Name & Address KY FFA LTC

\* Date(s) of trip July 13-17, 2026

\* Group requesting bus/SUV FFA

\* Purpose of trip FFA Camp

\* Bus/SUV pick-up time 12:00 am

\* Bus/SUV return time 03:00 pm

\* When transporting items that cannot be held in lap of students, under storage will be required to store these items. Under storage will be required

\* Account to be charged FFA

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.

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[view](#)

\* Employee Signature

Signed: **Makenzie Thomas**

Stamped: Mon Jun 08 2026 06:36:29 GMT-0400 (Eastern Daylight Time); 6/8/2026 5:36:28 AM; 2026-06-08 10:36:28Z; 170.185.150.201; Employee - #668 - MAKENZIE THOMAS

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 Jun 08 2026 08:22:04 GMT-0400 (Eastern Daylight Time); 6/8/2026 7:22:05 AM; 2026-06-08 12:22:05Z; 170.185.150.187; 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**