

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

Organization: **Marion County Public Schools**      Employee: **DAVID HIBBARD**

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	David Hibbard
✳ School/Work site	Marion County High School
✳ Date(s) of leave	July 31-Aug 1, 2026
✳ Time of departure	03:00 pm
✳ Destination Name & Address	Henry Clay High School Lexington, KY
✳ Purpose/Rationale for attending	Bluegrass State Games
✳ Number of students involved	10

✳ 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 David Hibbard

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

\* Destination name Henry Clay High School

\* Destination address Lexington, KY

\* Destination phone 859-236-7865

*Lodging name*

*Lodging address*

*Lodging phone*

\* Date(s) of trip July 31-Aug 1, 2026

\* Time of departure 03:00 pm

\* Purpose/Educational value  
Bluegrass State Games

\* Source of funding for trip MCHS Volleyball

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

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

\* Number of students 10

\* Number of faculty sponsors 1

\* Other chaperones 2

\* Total number of participants 13

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

26 Varsity Roster - Sheet1.pdf  
Added 6/8/2026 7:49:00 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)

Bus

✳ Destination Name & Address Henry Clay High School Lex, KY

✳ Date(s) of trip July 31-Aug 1, 2026

✳ Group requesting bus/SUV Volleyball

✳ Purpose of trip Play in BGSB

✳ Bus/SUV pick-up time 03:00 pm

✳ 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 not be required

✳ Account to be charged Volleyball

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.

26 Varsity Roster - Sheet1.pdf

Added 6/8/2026 7:50:00 AM

[view](#)

✳ Employee Signature

Signed: **David Hibbard**

Stamped: Mon Jun 08 2026 08:50:01 GMT-0400 (Eastern Daylight Time); 6/8/2026 7:50:01 AM; 2026-06-08 12:50:01Z; 170.185.150.206; Employee - #339 - DAVID HIBBARD

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 12:14:52 GMT-0400 (Eastern Daylight Time); 6/8/2026 11:14:53 AM; 2026-06-08 16:14:53Z; 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

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**