

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**[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	Makenzie Thomas
* School/Work site	Marion County High School
* Date(s) of leave	October 21-23, 2026
* Time of departure	12:00 am
* Destination Name & Address	Indianapolis IN
* Purpose/Rationale for attending	National FFA Convention
* Number of students involved	22

* Substitute needed (please remember to enter your absence in Aesop, even if a substitute is not required.)	Yes
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<i>Number of days (Avg. \$100 a day)</i>	600
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<i>Substitute code</i>	Perkins/CTE
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* Registration	Yes
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<i>Registration cost</i>	60
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<i>Registration code</i>	Perkins
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* Mileage	No
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<i>Number of miles</i>	
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<i>Number of days</i>	
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* Lodging	Yes
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<i>Cost per night</i>	358
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<i>Number of nights</i>	2
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<i>Lodging rate</i>	Conference Rate
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* Meals	Yes
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<i>Estimated total meal cost</i>	240
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<i>Meals/Mileage/Parking/Lodging Code</i>	Perkins
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✳ Grand total of expenses 1258

***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

Calculations are for two teachers

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 National FFA Convention

✳ Destination address 100 South Capitol Ave Indianapolis, IN

✳ Destination phone 8598183390

Lodging name Sheraton Indianapolis Hotel at Keystone Crossing

Lodging address 8787 Keystone Crossing Indianapolis, IN 46240

Lodging phone +1-317-406-0730

✳ Date(s) of trip October 21-23, 2026

✳ Time of departure 12:00 am

✳ Purpose/Educational value
Attending National FFA Convention

✳ Source of funding for trip CTE Funds/Perkins/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) CTE

✳ Number of students 22

✳ Number of faculty sponsors 2

✳ Other chaperones 0

✳ Total number of participants 24

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

30018 (7).xlsx

Added 6/30/2026 10:46:00 AM

[view](#)

Add a File

✳ Have all chaperones undergone the required records check and been designated by the Yes

principal/designee to supervise students?

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 100 South Capitol Ave Indianapolis, IN

* Date(s) of trip October 21-23, 2026

* Group requesting bus/SUV FFA

* Purpose of trip National Convention

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

* Bus/SUV return time 12:00 am

* 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 CTE

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.

30018 (7).xlsx

Added 6/30/2026 10:46:00 AM

[view](#)

* Employee Signature

Signed: **Makenzie Thomas**

Stamped: Tue Jun 30 2026 11:45:44 GMT-0400 (Eastern Daylight Time); 6/30/2026 10:45:44 AM; 2026-06-30 15:45:44Z; 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: Thu Jul 09 2026 09:30:50 GMT-0400 (Eastern Daylight Time); 7/9/2026 8:30:50 AM; 2026-07-09 13:30:50Z; 170.185.150.214; 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