

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: IX F DATE: July 12, 2018

TOPIC/TITLE: Request for Use of School Buses

PRESENTER: Scott Hawkins

ORIGIN:

- ☐ TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)
- ☐ ACTION REQUESTED AT THIS MEETING
- ☒ ITEM IS ON THE CONSENT AGENDA FOR APPROVAL
- ☐ ACTION REQUESTED AT FUTURE MEETING: (DATE)
- ☐ BOARD REVIEW REQUIRED BY

- ☐ STATE OR FEDERAL LAW OR REGULATION
- ☒ BOARD OF EDUCATION POLICY
- ☐ OTHER:

PREVIOUS REVIEW, DISCUSSION OR ACTION:

- ☐ NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION
- ☐ PREVIOUS REVIEW OR ACTION

- ☐ DATE:
- ☐ ACTION:

BACKGROUND INFORMATION:

Organizations wishing to rent school buses must have prior approval by the Board of Education. The organization is responsible for any expenses incurred through use of the buses.

SUMMARY OF MAJOR ELEMENTS:

Requesting use of school buses: St. Leo Catholic Church (Summer Day Camp trips: July 26, 2018 - McConnell Springs and July 27, 2018 - Falling Springs).

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:

SUPERINTENDENT'S RECOMMENDATION: ☒ Recommended ☐ Not Recommended



WOODFORD COUNTY BOARD OF EDUCATION
330 PISGAH PIKE
VERSAILLES, KY 40383
859-873-4701

REQUEST TO PLACE AN ITEM ON THE AGENDA

Name: St Leo Catholic Church
Address: 295 Huntertown Road, Versailles, KY 40383
Telephone number: 859-873-4573
Name of school children attend, if applicable: _____
Group represented: St Leo Summer Day Camp
Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson
Conferred with following administrators (names): _____

Description of Issue: Two outings during St Leo
Summer Day Camp (Vacation Bible School).
July 26 9:30a-12:30p from St Leo to
McConnell Springs. July 27 12-5p from
St Leo to Falling Springs.

Specific Action Requested: School bus and driver to
transport children and adult volunteers to
and from each event.

Check if you are: ☐ Board Member ☐ District Employee ☒ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Reviewed/Revised: 05/19/03



VEHICLE REQUEST FORM TRANSPORTATION

859-879-4647

wcps.vttt@woodford.kyschools.us

REV 6-2-18

OFFICE USE ONLY

TRIP NUMBER _____
ENTERED _____ SCHEDULED _____
COMPLETED _____

TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE

SCHOOL/ORGANIZATION NAME: St Leo Catholic Church

TRIP DATE: July 26, 2018

NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP
STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST

TEACHER CONTACT NAME & PHONE#

Denise Jones

859-873-4573

GROUP NAME & GRADE

St Leo Summer Day Camp

TRIP TYPE

ROUND TRIP ☒ (Driver stays with group)

OR

ONE WAY (D&R) _____

Number of

Passengers

**2/3 seating only
on out of district
trips per regulation

STUDENTS 50

ADULTS 8

BUS WITH LIFT

YES _____ NO ☒

LUGGAGE

YES _____ NO ☒

BOARD VEHICLE

(VAN) YES _____

8 passengers or less
Including the driver

☐ Vehicle Not
Required

DESTINATION

NAME

ADDRESS

TRIP TIME

DEPARTURE TIME

ARRIVAL TIME

WHO IS PAYING FOR TRIP

Please include the address to send
invoice

Munis Funding Code for Trip Cost

Depart

DEPART SCHOOL

9:30 AM

Arrive At Location

10 AM

St Leo Church
295 Huntertown Rd
Versailles, KY 40383

Return

DEPART LOCATION

12 PM

2:15 CUTOFF
RETURN TO SCHOOL

12:30 PM

ADDRESS

McConnell Springs Park
416 Rebmam Lane
Lexington, KY 40504

Educational Purpose:

Guided "hike" / trail
walk

DRIVER
NAME

VEHICLE #

Date

Start Time

End Time

Start Odometer

End Odometer

TOTAL Miles
Driven

Hours Worked
Regular Overtime

NOTES
TO
DRIVER

CONTACT AFTER HOURS

KAY PENN DIRECTOR OF TRANSPORTATION 859-621-0402

DRIVER
SIGNATURE

EMERGENCY EVACUATION

DRILL/REVIEW

Complete the drill if any passenger has not performed an emergency evacuation training drill this school year.
If all passengers have performed an emergency evacuation training drill this school year - Go over instructions for exiting the bus in an
emergency. Review the exits and how they operate.

Have the teacher/chaperone sign this form that these procedures have been reviewed with all passengers.

SIGNATURE OF TEACHER



VEHICLE REQUEST FORM TRANSPORTATION

859-879-4647

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REV 6-2-18

OFFICE USE ONLY

TRIP NUMBER

ENTERED SCHEDULED

COMPLETED

TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE

SCHOOL/ORGANIZATION NAME: St Leo Catholic Church

TRIP
DATE: July 27, 2018

****NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP****
STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST

TEACHER CONTACT NAME & PHONE#

Denise Jones 859-873-4573

GROUP NAME & GRADE

St Leo Summer Day Camp Pre-K - 12th

TRIP TYPE

ROUND TRIP ☒ (Driver

stays with group)

OR

ONE WAY (D&R)

Number of

Passengers

****2/3 seating only
on out of district
trips per regulation**

STUDENTS 50

ADULTS 8

BUS WITH LIFT

YES NO ☒

LUGGAGE

YES NO ☒

BOARD VEHICLE

(VAN) YES

8 passengers or less
Including the driver

☐ Vehicle Not
Required

DESTINATION

NAME

ADDRESS

TRIP TIME

DEPARTURE TIME

ARRIVAL TIME

WHO IS PAYING FOR TRIP

Please include the address to send
invoice

Munis Funding Code for Trip Cost

Depart

DEPART SCHOOL

12PM

Arrive At Location

12:15PM

St Leo Church
295 Huntertown Rd
Versailles, KY 40383

Return

DEPART LOCATION

4:30PM

2:15 CUTOFF
RETURN TO SCHOOL

4:45PM

ADDRESS

Falling Springs Center
275 Beasley Rd
Versailles, KY 40383

Educational Purpose:

Aquatic center
"fun day"

DRIVER
NAME

VEHICLE #

Date

Start Time

End Time

Start Odometer

End Odometer

TOTAL Miles
Driven

Hours Worked
Regular Overtime

NOTES
TO
DRIVER

CONTACT AFTER HOURS

KAY PENN DIRECTOR OF TRANSPORTATION 859-621-0402

DRIVER
SIGNATURE

EMERGENCY EVACUATION

DRILL/REVIEW

Complete the drill if any passenger has not performed an emergency evacuation training drill this school year.
If all passengers have performed an emergency evacuation training drill this school year - Go over instructions for exiting the bus in an
emergency. Review the exits and how they operate.

Have the teacher/chaperone sign this form that these procedures have been reviewed with all passengers.

SIGNATURE OF TEACHER

Certificate of Coverage

Date: 6/27/2018

Certificate Holder

The Roman Catholic Diocese of Lexington and Most
Reverend Ronald W. Gainer, Catholic Diocese of Lexington
1310 West Main Street
Lexington, KY 40508-2040

This Certificate is issued as a matter of information only and
confers no rights upon the holder of this certificate. This certificate
does not amend, extend or alter the coverage afforded below.

Company Affording Coverage

THE CATHOLIC MUTUAL RELIEF
SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Covered Location

ST LEO CHURCH
295 HUNTERTOWN RD
VERSAILLES, KY 40383-0000

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
Property				Real & Personal Property	
D. General Liability	8548	12/31/2017	12/31/2018	Each Occurrence	500,000
<input checked="" type="checkbox"/> Occurrence				General Aggregate	
<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	
				Personal & Adv Injury	
				Fire Damage (Any one fire)	
				Med Exp (Any one person)	
Excess Liability				Each Occurrence	
				Annual Aggregate	
Other				Each Occurrence	
				Claims Made	
				Annual Aggregate	
				Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage is verified for claims arising out of St. Leo School's use of Woodford County Schools' buses for their Vacation Bible School program July 26 and July 27, 2018.

Holder of Certificate

Woodford County Schools

Cancellation

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

Michael A. Johnson

0371001374