# WOODFORD COUNTY BOARD OF EDUCATION <br> AGENDA ITEM 

ITEM \#: IX C DATE: March 13, 2019
TOPIC/TITLE: Travel Requests
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
$\square \quad$ DATE:

## BACKGROUND INFORMATION:

As per Board policy the attached travel requests must be approved by the Board.

## SUMMARY OF MAJOR ELEMENTS:

Attached: EL Teachers (Orlando Mighty Vocabulary Kagan Conference, Orlando, FL); Safe Harbor Staff/Students (Newport Aquarium); Northside Staff/ $/ 5^{\text {th }}$ Grade (Carter Caves, Olive Hill, KY); Simmons Staff/4 $4^{\text {th }}$ Grade (Louisville Science Center); WCMS Band (Kings Island, Mason, OH); WCHS DECA (DECA Club International Conference, Orlando, FL).

IMPACT ON RESOURCES: Please see attached documentation.
TIMETABLE FOR FURTHER REVIEW OR ACTION:


# WOODFORD COUNTY BOARD OF EDUCATION AGENDA ITEM 

ITEM \#: 1 X C DATE: March 8, 2019
TOPIC/TITLE: Travel Request/EL Teachers, Sarah Rall \& Allison Rehner/Orlando Mighty Vocabulary Kagan Conference/Orlando, Florida/July 7-10, 2019

PRESENTER: Jimmy Brehm

## ORIGIN:

## PREVIOUS REVIEW, DISCUSSION OR ACTION:

## $\boxtimes$ NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION

 PREVIOUS REVIEW OR ACTION$\square$ DATE:
ACTION:

## BACKGROUND INFORMATION:

Per Board policy - prior approval for overnight and out of state travel.

## SUMMARY OF MAJOR ELEMENTS:

Request Board approval for EL teachers, Sarah Rall and Allison Rehner, to attend the Kagan Mighty Vocabulary Conference to be held in Orlando, Florida, on July 7-10, 2019, per the attached request.

IMPACT ON RESOURCES: See attached form.
TIMETABLE FOR FURTHER REVIEW OR ACTION:


WOODFORD COUNTY SCHOOLS OUT OF STATE OR OVERNIGHT

TRAVEL REQUEST

| INDIVIDUALISTAFF REQUESTINC TRIP: | Sarah Rall and Allison Rehner |
| :---: | :---: |
| DATES OF TRIP: | July 7th-July 10th |
| TRIP TO: | Orlando Mighty Vocabulary Kagan Conference |
| METHOD OF TRANSPORTATION: | Airplane. \$250 per person |
| ACCOMMODATIONS: | Hilton in Walt Disney World Resort (location of Conference) <br> 3 nights total of $\$ 675.00$ |
| EDUCATIONAL OBJECTIVEI CURRICULUM CONNECTIONS | -Discover Strategies for students to demonstrate on understanding if word meanings. <br> -Learn vocabulary strategies to make terms stick in students minds. <br> -Develop word knowledge through reading, writing, listening, and speaking. |
| CONFERENCE AGENDA: SEE ATTACHMENT |  |
| NUMBER OF PARTICIPANTS/SCHOOLS:(If more than one school, attach list of participants and their schools.) | Sarah Rall-WCMS/WCHS Allison Rehner:Northside Elementary |
| TOTAL ESTIMATED COST: | \$2,500.00 |
| COST INCLUDES: | -Conference fee -Flight |


|  | -Food -Taxi -Travel to airport -Hotel |
| :---: | :---: |
| FUNDING SOURCE: | $\begin{aligned} & 0002124 x x x x 345 E \\ & \text { Xxxx-0338 } \\ & \text { xxxx-0580 } \end{aligned}$ |
| FUND MANAGER RECOMMENDATION: | - X Necommended Saus |
| PRINCIPALISUPERVISOR RECOMMENDATION: | -Recommended $\qquad$ Not Recommended |
| SUPERINTENDENT RECOMMENDATION: | $\begin{aligned} & \text { _Recommended } \\ & \text { __Not Recommended } / / \& t b l l \end{aligned}$ |



materials to this exciting event. Winners may be requested to write a very brief article of their experiences for Kagan Online Magazine. Winners will also be requested to submit a digital image headshot for scholarship promotional purposes. Click here for full scholarship details.

## SPECIAL DISCOUNT PACKAEE

Available only to participants, and only if purchased at the time of registration. Your materials package includes:

1. Vocabulary Learning Cubes Class Set of Eight
2. Three Books: Vocabulary, Match Mine: Language Builder, and Mix-NAtatch Language Arts

Click Here to receive a FREE 2019 Kagan Summer Academy brochure.

Regular Price \$103. Your Price \$84. Save \$19! Code: CREV2D Free Shipping!

## RAVE REUIEMS

"Spot on! I will be able to ase all the information immediately as it relates to my curriculum. I feel lucky to have been able to participate! It will make me a better teacher and my students more successfill"
-Amanda Jenner, 4th grade Teacher
"I really enjoyed this workshop. I can use lots of the structures learned in various areas of my curriculum - comprehension, flucncy, vocabulary, work studly..."
-Staci Stemley, 3rd Grade Teacher
"Wonderfil ideas for long-term vocabulary retention and building a cooperative learning environment."
-Skye Richard, 9-12th Grade Teacher
F Click for more

## WOODFORD COUNTY BOARD OF EDUCATION <br> AGENDA ITEM

ITEM \#: 1 X C DATE: March 8, 2019
TOPIC/TITLE: Travel Request/Safe Harbor Academy/Newport Aquarium/May 2, 2019
PRESENTER: Jimmy Brehm (2)
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
区 BOARD OF EDUCATION POLICY
OTHER:

## PREVIOUS REVIEW, DISCUSSION OR ACTION:

## NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION

$\square$ PREVIOUS REVIEW OR ACTIONDATE:
ACTION:

## BACKGROUND INFORMATION:

Per Board policy - prior approval for overnight and out of state travel.

## SUMMARY OF MAJOR ELEMENTS:

Request Board approval for Safe Harbor Academy students to visit the Newport Aquarium on May 2, 2019, per the attached request.

IMPACT ON RESOURCES: See attached form.
TIMETABLE FOR FURTHER REVIEW OR ACTION:
SUPERINTENDENT'S RECOMMENDATION: E-Recommended
Not Recommended

## SCHOOL RELATED STUDENT TRIP REQUEST FORM

| Group Requesting Trip: | Safe Harbor Academy |
| :--- | :--- |
| Dates of Trip: | $5 / 2 / 2019$ |
| Trip to: | Newport Aquarium |
| Method of Transportation: | Bus |
| Accommodations: | Nurse Attending |
| Educational Objective and <br> Curriculum Objective: | NGSS, Science Standards |
| Trip Highlights: |  |
| Number of Students <br> Predicated to Participate: | 28 |
| Number of Chaperones: | 7 |
| Name of Individual <br> Dispensing Medications: | Nurse |
| Total Estimated Cost: | $\$ 1200$ |
| Cost Includes: | Ticket Costs $\$ 427$ <br> Bus Transportation <br> Nurse Support \$175 |
| Cost to Each Student: | 0 |
| Funding Assistance: | Title 1 Approved |
| Fund Raisers Incorporated: | N/A |
| Principal <br> Recommendation: | Recommended <br> Not Recommended |
| Superintendent <br> Recommendation: | Recommended |

## WOODFORD COUNTY BOARD OF EDUCATION <br> AGENDA ITEM

ITEM \#: IX C DATE: March 12, 2019
TOPIC/TITLE: Travel Requests
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 BYSTATE OR FEDERAL LAW OR REGULATION
B BOARD OF EDUCATION POLICY OTHER:

## PREVIOUS REVIEW, DISCUSSION OR ACTION:

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


## BACKGROUND INFORMATION:

As per Board policy the attached travel requests must be approved by the Board.
SUMMARY OF MAJOR ELEMENTS:
Attached: Northside $5^{\text {th }}$ Grade Staff/Students (April 18-19, 2019, Carter Caves, Olive Hill, KY).

IMPACT ON RESOURCES: Please see attached documentation.
TIMETABLE FOR FURTHER REVIEW OR ACTION:
SUPERINTENDENT'S RECOMMENDATION: 白-Recommended $\quad$ Not Recommended

| INDIVIDUAL/STAFF REQUESTING TRIP: | Staff and $5^{\text {th }}$ Grade Students |
| :---: | :---: |
| DATES OF TRIP: | April 18-19 2019 |
| TRIP TO: | Carter Caves |
| METHOD OF TRANSPORTATION: | Bus (Van being used to transport students to STLP) |
| ACCOMMODATIONS: | Carter Caves Lodge |
| EDUCATIONAL OBJECTIVE/ CURRICULUM CONNECTIONS: | R.E.A.C.H. (Recreation, Environment and Cultural History) is a unique overnight educational camp program in which trained naturalists \& recreational staff design custom programs to help encourage student interest in nature, history and outdoor activities. |
| CONFERENCE AGENDA: SEE ATTACHMENT | Summary attached |
| NUMBER OF PARTICIPANTS/SCHOOLS: (If more than one school, attach list of participants and their schools.) | 61 students, 23 adults |
| TOTAL ESTIMATED COST: | \$6400 approximately |
| COST INCLUDES: | Lodging, three meals, activities, travel |
| FUNDING SOURCE: | Students pay \$87, PTO pays \$1500 |
| FUND MANAGER RECOMMENDATION: | R Recommendedzcaumicke <br> Not Recommended |
| PRINCIPAL/SUPERVISOR RECOMMENDATION: | Recommended $R$ Not Recommended |
| SUPERINTENDENT RECOMMENDATION: | Recommended Not Recommended |

## KENTUCKY STATE PARKS

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# KENTUCKY DEPARTMENT OF PARKS GROUP CONTRACT 

| Status: | Contract Pending |  |  |
| :---: | :---: | :---: | :---: |
| Park Name: | Carter Caves State Resort Park | Date Booked: | Friday, August 10, 2018 |
| Park Address: | 344 Caveland Drive | Group Code: | 2770 |
|  | Olive Hill, Kenrucky 41164 |  |  |
| Coordinator: | Tina Parsons |  |  |
| Phone: | 606-286-4411 opt \#2 |  |  |
| Fax: | 606-286-8165 |  |  |
| Email: | timam.parson@kiy.gov |  |  |

This Agreement is made and entered into as of this Friday, August 10, 2018 by and between Carter Caves State Resort Park (hereinafter referred to as "Hotel") and Northside Elem School-REACH ("you", "your", or "Group"). (The Hotel and the Group may be collectively referred to as the "Parties"). Group agrees that the terms of this Agreement are based upon the information provided by Group above.

The Hotel agrees to hold the space and guest rooms listed in this agreement on a first option tentative basis until Friday, September 21, 2018. If this agreement is not fully executed (signed \& returned) by Group and Hotel by Friday, September 21, 2018 the Hotel will release the space. If an alternate request is received for same date(s) of contract, the Hotel will notify you and allow forty-eight (48) hours from Hotel notification to return this signed contract/agreement.

If this agreement is not fully executed (signed \& returned), including receipt of a non-refundable deposit by Friday, September 21, 2018 the space and guest rooms requested will be released.

## GROUP INFORMATION

| Group Name: | Northside Elem School-REACH |  |
| :---: | :---: | :---: |
| Representative: | Heather Moffett |  |
| Address: | 500 Northside dr |  |
|  | Midway , KY 40347 | $859 \cdot 846 \cdot 4716$ |
| Phone: | (859) 879-4690 Fax: | () - |
| Email: | heather.moffett@woodford.kyschools.cu |  |
| Arrival: | Thursday, April 18, 2019 |  |
| Departure: | Friday, April 19, 2019 COO859 |  |
| Tax Excmpt: | Exempt Cerificate \# COOS9 | (Copy of certificate must be provided.) |

As this contract applies to property owned by the Commonwealth of Kentucky, if the non-governmental signatory/group to this agreement fails to disclose/identify/give notice to the Park of any of the following information at the time of contract, this contract shall terminate and any deposit shall be forfeited:

- An event that charges a fee to the public;
- A for-profit event wherein commercial business is being transacted on Department of Parks property;
- An event that requires liability insurance; or
- An event that requires a damage deposit, security or a special use permit.
- Misrepresentation of group name/event/purpose.
- Presentation of ID may be requested as proof of identity of the signing Client.

Such events/groups include, but are not limited to, clubs, fraternities, sororities, public interest or advocacy groups, concerts, running events, tradeshows, etc.

## ACCOMMODATIONS \& RATES

Accommodations

| Date | Rooms |
| :---: | :---: |
| $4 / 18 / 2019$ | $23-2$ Doubles |
|  | $2-1$ King |
|  | $1-1$ Queen |
| Total | 26 |

Lodge Room Package Rates

| Package Plan | Room Type | Single Rate | Double Rate |
| :---: | :---: | :---: | :---: |
| Reach Package | Room-2 Doubles | 1 per room- $\$ 99.00$ | 2 per room- $\$ 73.50$ |
|  |  |  |  |
| Reach Package <br> Room 2 Doubles | Package is based on <br> minimum of 3 per room | $\$ 65.00$ |  |

NOTE: Package includes 3 meals per day, lodging, activities and a REACH Camp Zipper Pull. Price per day per person $\$ 65.00$ plus any applicable taxes and fees. REACH package can be 1-6 days. State Transient tax of $1 \%$ and Carter County Tourism Tax of $3 \%$ is not exempt or applicable per night resort fees.

NOTE: Menu and Recreation pages attached for signature.
A fee of $\$ 10.00$ per each additional adult after 2 adults in the lodge rooms will be added to the above rates
Due to the variety of room types, reservations are not guaranteed to be in the same section of the building or cottage area.

State Transient Tax of 1\% and Carter County Tourism Tax of 3\% are added to all accommodations, regardless of group's exempt status; Kentucky Sales Tax of $6 \%$ will then be added to those groups not tax exempt.

There will be an applicable resort fee added for each night of your lodge or cottage stay, regardless of group's exempt status. This fee will help maintain and preserve America's most complete state park system with general upkeep and improvements at each park.

Rooms and cottages are available for check-in after 4:00 PM.
Check out time in the cottages is 10:00 a.m. (EST), and 11:00 a.m. (EST) in lodge rooms. Any rooms remaining occupied after check out time may be subject to an additional charge.

If rates for the time period requested by a group are not established at the time this contract is signed, the standard published rates will be applied once they are set by the Department of Parks and will be assumed to be acceptable by the group. It is the responsibility of the group's booking party to confirm future rates.

## Room Reservations to be made by:

XX $\wp$ Rooming List - must be received by Thursdav, March 21, 2019.
This list must include the Group Code: 2770, name and "share-withs" of each guest, the type of sleeping room desired, the arrival and departure date of each guest. Requests are noted but are not guaranteed.


Group will automatically guarantee all reservations made by a rooming list. If a guest identified on the list does not checkin, the Group's Master Account will be charged for the first night of all no-shows and cancellations that occur within 48 hours prior to arrival.

## Billing/Credit Procedures

Billing for all charges must be established prior to the event with a credit card, full cash deposit or an established Master Account. Paying upon departure without pre-approval is not an approved form of payment.
$\qquad$ Credit Card \# $\qquad$ Expiration Date $\qquad$ Check

## Master Account

The manner of payment of the Master Account shall be established upon approval of the Group's credit. Group must complete a direct billing application and return to Hotel upon the execution of this Agreement. Direct billing is a privilege and can only be authorized by the Hotel after a credit check has been approved. If Group has been approved for Direct Billing, Meeting Room: Rooms/Cottages: Meals: Other Incidentals:, will be billed to the Master Account and will be direct billed to Group and paid as provided within.

Group may also elect to pay the Master Account by credit card. If Group fails to pay any obligations within 30 days of Hotel's invoice date, Hotel is authorized to charge the credit card for all such obligations.

## DEPOSIT \& BILLING INFORMATION

Hotel requires a non-refundable deposit of all estimated charges in the amount of $\$ 500.00$ which Hotel must receive by Friday, September 21, 2018 in order to guarantee a hold on Group's room block and/or meeting space. If Deposit is not received by above date, Hotel will no longer be required to continue to hold the room block or meeting space requested by Group.

The specific deposit and payment terms are outlined in this contract. If any charges are to be billed after departure, arrangements must be pre-approved before the event. The Group is responsible for providing documentations of taxexempt status, if applicable, prior to the meeting/event.
The following individuals have the proper authority to sign for the Master Account and/or act on behalf of and bind the Group pursuant to the terms of the Agreement:


## Late Pavments

Payment of all invoices are due upon receipt. Invoices remaining unpaid after 30 days of the invoice date will incur an interest charge of the lesser of $18 \%$ or the highest amount allowed by law. If the account remains unpaid after 60 days, the Park will initiate collection proceedings. The Group will be responsible for all collection fees, attorney fees or other costs in connection with the Park's attempt to collect all amounts due hereunder. Further, the Park reserves the option to cancel subsequent and future arrangements, agreements or functions, at this location and all others operated by Kentucky State Parks, made by Group without penalty and upon written notice.

## Cancellation Policy

Group agrees that if it cancels this Agreement for any reason, the Hotel will suffer damages. The closer in time the cancellation occurs, the greater the damages will be. Therefore, Group agrees to pay Hotel at the time of cancellation a liquidated damages fee, as follows:

| If cancellation is.... | Group Pays |
| :--- | :--- |
| More than 90 days, less than 120 days prior to arrival date: | Amount equal to $25 \%$ of the total anticipated revenue |
| More than 60 days, less than 90 days prior to arrival date: | Amount equal to $50 \%$ of total anticipated revenue |
| Less than 60 days prior to arrival date: | Amount equal to $100 \%$ of total anticipated revenue |

Cancellation must be made to the Park's group sales representative signing the contract below. No other cancellation procedures will be accepted. Cancellations will be made in writing or via email to the Park's Group Coordinator above.

Upon signing this Contract, the following person warrants that he/she fully understands the contents of this agreement and is a duly authorized and appointed agent for the meeting/event and is fully empowered to accept the provisions contained in this contract and intend to enter a definite and binding commitment. This Agreement constitutes the entire understanding between the parties and supersedes any previous communications, representation, or agreements, whether written or oral.

If these arrangements meet with your approval, please sign and initial each page, and return to the attention of the Sales Manager. Acceptance will occur upon receipt of an original or facsimile (fax) transmittal of a fully signed original by the hotel.

No handwritten alterations to the terms of this contract will be accepted unless agreed to by all parties and initialed by the Park Manager.

AGREED TO BY:
CLIENT SIGNATURE: Camille DATE: $\qquad$
(Initial all pages indicating that you have read the Parks Booking Policies and Procedures.)

PARK REPRESENTATIVE: $\qquad$ DATE: $\qquad$

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## Carter Caves 18/19

(Room is based on minimum of 3 per room)

| $\quad$ Student |
| :--- |
| $\$ 65.00$ |
| $\$ .81$ (Transient Tax) |
| $\$ 1.95$ (Tourism Tax) |
| $\$ 5.00$ (Resort Fee) |

Total: \$72.76

## Single Room Rate

$\$ 99.00$
\$1.23 (Transient Tax)
$\$ 2.97$ (Tourism Tax)
$\$ 5.00$ (Resort Fee)
Total: \$108.20×3
*Based on Trip Tracker's estimate for buses
Total Estimate (2 buses): \$2106.58

Collect from Students: \$85(\$10 bus fee) X $61=\$ 5185.00$

Collect from parents: \$85 X 21= \$1785.00
Total: \$6970.00
$\$ 65.00$
$\$ .81$ (Transient Tax)
\$1.95 (Tourism Tax)
$\$ 5.00$ (Resort Fee)
Total: \$72.76

## Double Room Rate

$\$ 73.50$
\$. 91 (Transient Tax)
\$2.21 (Tourism Tax)
$\$ 5.00$ (Resort Fee)
Total: \$81.62

61 students $X \$ 72.76=\$ 4438.36$ ( 21 rooms)
21 parents $X \$ 72.76=\$ 1527.96$ (21
rooms/3kids+1parent)
1 Double Room X $81.62=\$ 81.62$
(Moffett/Praria)
3 Single Room X $\$ 108.20=\$ 324.60$ (2 bus drivers)

Total: \$6372.54
Buses: \$2106.58
Total Trip: \$8479.12
PTO Donation: \$1500.00
Balance: \$6979.12
-\$6970
Difference (\$9.12)

# WOODFORD COUNTY BOARD OF EDUCATION AGENDA ITEM 

ITEM \#: 1 X C DATE: March 8, 2019
TOPIC/TITLE: Travel Request/Simmons/4 ${ }^{\text {th }}$ Grade/Downtown Louisville/April 25-26, 2019
PRESENTER: Jimmy Brehm ()

## 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:

## $\boxtimes$ NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION

 PREVIOUS REVIEW OR ACTION

ACTION:

## BACKGROUND INFORMATION:

Per Board policy - prior approval for overnight and out of state travel.

## SUMMARY OF MAJOR ELEMENTS:

Request Board approval for Simmons $4^{\text {th }}$ graders and chaperones to visit museums and Louisville Science Center in downtown Louisville, Kentucky, on April 25-26, 2019, per the attached request.

IMPACT ON RESOURCES: See attached form.
TIMETABLE FOR FURTHER REVIEW OR ACTION:
SUPERINTENDENT'S RECOMMENDATION: 由-Recommended

- Not Recommended

19 ono 2 l

## WOODFORD COUNTY SCHOOLS

OUT OF STATE OR OVERNIGHT
TRAVEL REQUEST

| INDIVIDUAL/STAFF REQUESTING TRIP: | Megen Eaves |
| :---: | :---: |
| DATES OF TRIP: | April 25-26 |
| TRIP TO: | Downtown Louisville |
| METHOD OF TRANSPORTATION: | Bus |
| ACCOMMODATIONS: | Louisville Science Center |
| EDUCATIONAL OBJECTIVE/ CURRICULUM CONNECTIONS: | $\begin{aligned} & \text { SS-4-3.4.1 } \\ & \text { SS-4-2.1.1 } \\ & 4-\text { LS1-1 } \\ & 4 \text {-ESS1-1 } \\ & 4 \text {-PS3-4 } \end{aligned}$ |
| CONFERENCE AGENDA: SEE ATTACHMENT |  |
| NUMBER OF PARTICIPANTS/SCHOOLS: (If more than one school, attach list of participants and their schools.) | Approximately 70 |
| TOTAL ESTIMATED COST: | 4,900 |
| COST INCLUDES: | 3 Museum tours, overnight accommodations, 3 meals, 2 class, and a 4 story movie screening |
| FUNDING SOURCE: | Student Contribution,FRC |
| FUND MANAGER RECOMMENDATION: | Recommended Not Recommended |
| PRINCIPAL/SUPERVISOR RECOMMENDATION: | Recommended Not Recommended |
| SUPERINTENDENT RECOMMENDATION: | $\square$ Recommended |

## WOODFORD COUNTY BOARD OF EDUCATION <br> AGENDA ITEM

ITEM \#: 1 X C DATE: March 8, 2019
TOPIC/TITLE: Travel Request/WCMS Band/Kings Island Trip-Mason, Ohio/Saturday, May 18, 2019 PRESENTER: Jimmy Brehm

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

| $\square$ | STATE OR FEDERAL LAW OR REGULATION |
| :--- | :--- |
| $\boxtimes$ | BOARD OF EDUCATION POLICY |
| $\square$ | OTHER: |

## PREVIOUS REVIEW, DISCUSSION OR ACTION:

## NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION

 PREVIOUS REVIEW OR ACTIONACTION:

## BACKGROUND INFORMATION:

Per Board policy - prior approval for overnight and out of state travel.

## SUMMARY OF MAJOR ELEMENTS:

Request Board approval for the WCMS Band to travel to Kings Island in Mason, Ohio, on Saturday, May 18, 2019, per the attached request.

IMPACT ON RESOURCES: See attached form.
TIMETABLE FOR FURTHER REVIEW OR ACTION:


## WOODFORD COUNTY SCHOOLS OUT OF STATE OR OVERNIGHT TRAVEL REQUEST

| INDIVIDUAL/STAFF REQUESTING | Kelsey Collins |
| :--- | :--- |
| TRIP: | $5 / 18 / 19$ |
| DATES OF TRIP: | King's Island |
| TRIP TO: | N/A |
| METHOD OF TRANSPORTATION: | School bus |
| ACCOMMODATIONS: | Reward trip for band students grades 6-8 |
| EDUCATIONAL OBJECTIVE/ <br> CURRICULUM CONNECTIONS: |  |
| CONFERENCE AGENDA: |  |
| SEE ATTACHMENT |  |
| NUMBER OF <br> PARTICIPANTSISCHOOLS: <br> (If more than one school, attach <br> list of participants and their <br> schools.) |  |
| TOTAL ESTIMATED COST: | \$35 per student |
| COST INCLUDES: | Ticket for admission/transportation |
| FUNDING SOURCE: | $\square$ School fundraising account |
| FUND MANAGER | $\square$ Recommended |
| RECOMMENDATION: | $\square$ Not Recommended |
| PRINCIPAL/SUPERVISOR | $\square$ Recommended |
| RECOMMENDATION: | $\square$ Not Recommended |
| SUPERINTENDENT |  |
| RECOMMENDATION: | $\square$ Not Recommended |

## WOODFORD COUNTY BOARD OF EDUCATION <br> AGENDA ITEM

ITEM \#: IX C DATE: March 13, 2019
TOPIC/TITLE: Travel Requests
PRESENTER: Scott Hawkins
ORIGIN:
TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)
ACTION REQUESTED AT THIS MEETING
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BOARD REVIEW REQUIRED BY

| $\square$ | STATE OR FEDERAL LAW OR REGULATION |
| :--- | :--- |
| $\boxtimes$ |  |
| BOARD OF EDUCATION POLICY |  |
| OTHER: |  |

## PREVIOUS REVIEW, DISCUSSION OR ACTION:

NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION
PREVIOUS REVIEW OR ACTION
$\square$ DATE:
$\square$ ACTION:

## BACKGROUND INFORMATION:

As per Board policy the attached travel requests must be approved by the Board.

## SUMMARY OF MAJOR ELEMENTS:

Attached: WCHS DECA (DECA Club International Conference, Orlando, FL, April 27, 2019 - May 1, 2019).

IMPACT ON RESOURCES: Please see attached documentation.
TIMETABLE FOR FURTHER REVIEW OR ACTION:
SUPERINTENDENT'S RECOMMENDATION: © -Recommended $\quad$ Not Recommended

| INDIVIDUAL/STAFF REQUESTING TRIP: | Heather Schuerman |
| :---: | :---: |
| DATES OF TRIP: | April 27-April 30,2019 |
| TRIP TO: | Orlando, FL |
| METHOD OF TRANSPORTATION: | Flight |
| ACCOMMODATIONS: | Hampton Inn by Hilton Orlando Internationa Drive/Convention Center 8900 Universal Boulevard Orlando, FL 32819 |
| EDUCATIONAL OBJECTIVE/ CURRICULUM CONNECTIONS: | DECA Club International Conference <br> - Career readiness <br> - CTE connections to business, marketing, hospitality \& tourism, human resources management, etc. <br> - Students exercise communication skills in real-world professional interactions with industry professionals |
| CONFERENCE AGENDA: SEE ATTACHMENT |  |
| NUMBER OF <br> PARTICIPANTS/SCHOOLS: <br> (If more than one school, attach list of participants and their schools.) | 3 students 1 advisor |
| TOTAL ESTIMATED COST: | \$6029.92 |
| COST INCLUDES: | (registration, 2 hotel rooms, flight, meals, travel to and from airport) |
| FUNDING SOURCE: | Section 7 Monies |
| FUND MANAGER RECOMMENDATION: | $\square$ Recommended $\square$ Not Recommended |
| PRINCIPAL/SUPERVISOR RECOMMENDATION: | Recommended Not Recommended |
| SUPERINTENDENT RECOMMENDATION: | $\square$ Recommended $\square$ Not Recommended fyold |

