

5/14/2022

# KSBA Procedure Service

## 2022 Procedure Update (#26) Checklist

District: **Spencer County Schools**

To enable KSBA to track and store your District's administrative procedures in our procedure database, please indicate below what decision you have made on the proposed new/revised procedures enclosed for your review. We will forward printed or reproducible copies of the procedures when we receive this form and update your online manual if you belong to that service.

| Procedure Number | Adopt as Written                    | Adopt with Modification*            | Date of District/ Board Review  | Keep Current Procedure   | Delete Procedure         |
|------------------|-------------------------------------|-------------------------------------|---|--------------------------|--------------------------|
| 01.91 AP.1       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 02.14 AP.2       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 02.4244 AP.2     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 03.11 AP.252     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 03.11 AP.2521    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 03.19 AP.23      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 03.21 AP.2521    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 04.32 AP.1       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | D.5 - Change Commonwealth to District<br>E.1(b) - Change preservative to preservation | <input type="checkbox"/> | <input type="checkbox"/> |
| 08.1312 AP.1     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 08.2322 AP.1     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 08.2322 AP.22    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 08.2322 AP.23    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 09.12 AP.21      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |
| 09.12 AP.22      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   | <input type="checkbox"/> | <input type="checkbox"/> |

### ADDITIONAL PROCEDURES FOR UPDATE

| Procedure Number | Adopt as Written                    | Adopt with Modification  | Adoption Date | Order Number | Keep Current Procedure | Rescind Procedure |
|------------------|-------------------------------------|--------------------------|---------------|--------------|------------------------|-------------------|
| 03.221 AP.1      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |               |              |                        |                   |
| 03.121 AP.21     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |               |              |                        |                   |
| 03.28 AP.21      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |               |              |                        |                   |
| 04.31 AP.1       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |               |              |                        |                   |
| 06.15 AP.1       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |               |              |                        |                   |
| 06.22 AP.1       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |               |              |                        |                   |
| 09.36 AP.21      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |               |              |                        |                   |

**SPENCER COUNTY PUBLIC SCHOOLS  
DEPARTMENT OF PUPIL TRANSPORTATION  
SCHOOL VAN TRIP FORM**

**PO NUMBER:** \_\_\_\_\_

***This form must be completed in FULL for EACH trip taken in the van.***

***Failure to do so can result in loss of van privileges.***

***All vans MUST be signed in and out at the bus garage. Return the van after EACH trip for inspection.***

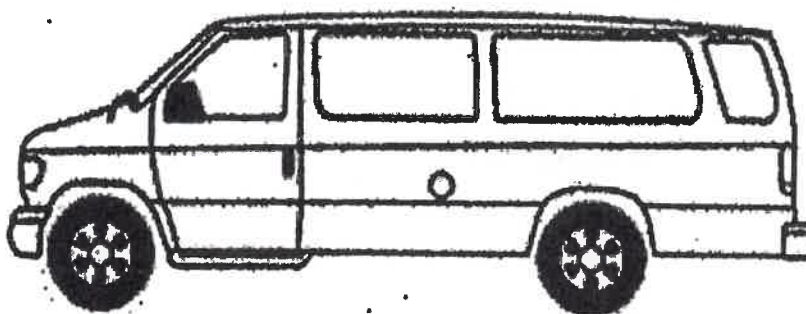
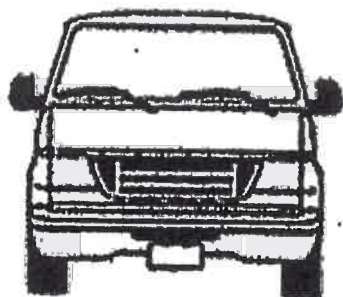
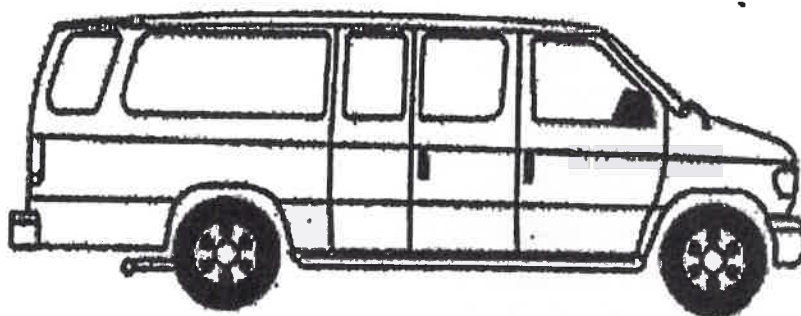
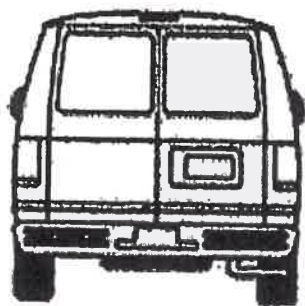
Date: \_\_\_\_\_ Vehicle: \_\_\_\_\_

Odometer Beginning: \_\_\_\_\_ Odometer Ending: \_\_\_\_\_

Name of Driver: \_\_\_\_\_ School: \_\_\_\_\_

Group/Team Name: \_\_\_\_\_ Destination: \_\_\_\_\_

**VEHICLE WALK AROUND:**



|   |  |  |  |   |
|---|--|--|--|---|
| <b>Headlights:</b><br><input type="checkbox"/> Working<br><input type="checkbox"/> Not Working            | <b>Tail Lights:</b><br><input type="checkbox"/> Working<br><input type="checkbox"/> Not Working              | <b>Signal Lights:</b><br><input type="checkbox"/> Working<br><input type="checkbox"/> Not Working          | <b>Wiper Blades:</b><br><input type="checkbox"/> Working<br><input type="checkbox"/> Not Working           | <b>Dashboard Warning:</b><br><input type="checkbox"/> Working<br><input type="checkbox"/> Not Working       |
| <b>Driver Side Tires:</b><br><input type="checkbox"/> Acceptable<br><input type="checkbox"/> Unacceptable | <b>Passenger Side Tires:</b><br><input type="checkbox"/> Acceptable<br><input type="checkbox"/> Unacceptable | <b>Interior Condition:</b><br><input type="checkbox"/> Acceptable<br><input type="checkbox"/> Unacceptable | <b>Exterior Condition:</b><br><input type="checkbox"/> Acceptable<br><input type="checkbox"/> Unacceptable | <b>First Aid Kit/ Fire Ext.</b><br><input type="checkbox"/> Located<br><input type="checkbox"/> Not Located |

Problems/Issues: \_\_\_\_\_

**Driver Signature:** \_\_\_\_\_

*By signing above, I acknowledge that I have inspected the condition of the van I am using and will return it to the bus garage after my trip, in the condition that it was received.*

**Driver's Responsibilities**

Bus driver qualifications and responsibilities are found in state regulation, Board policies, local transportation manuals, as applicable, and in documents distributed by the Kentucky Department of Education.

Employees authorized to drive school vans for specific programs/activities shall have the following completed prior to requesting/driving a school van:

- Motor Vehicle Record
- Annual CDL physical
- Annual Defensive Driver Training
- Random Drug Test

Review/Revised:5/18/1998

**STUDENTS****09.36 AP.21**

**School- Related Student Trip Request Form**  
**SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP**

PO # required: Click or tap here to enter text.

SCHOOL: Click or tap here to enter text.

FACULTY MEMBER SPONSORING TRIP: Click or tap here to enter text.

☐ Classroom Field Trip ☐ Class Trip (whole grade), specify Click or tap here to enter text.☐ Organization/ Club: Click or tap here to enter text. ☐ Other (athletic, band, etc.) Click or tap here to enter text.

DESTINATION: Click or tap here to enter text. ADDRESS: Click or tap here to enter text.

☐ Out of State ☐ Out of County ☐ within County ☐ Overnight: Click or tap here to enter text.

DATE(S) OF TRIP: Click or tap here to enter text.

DEPARTURE TIME: Click or tap here to enter text.

RETURN TIME: Click or tap here to enter text.

PURPOSE/ EDUCATION VALUE: Click or tap here to enter text.

SOURCE OF FUNDING FOR TRIP: Click or tap here to enter text.

**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.**

**BILL TRIP EXPENSES TO:**

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER: Click or tap here to enter text.

NUMBER OF STUDENTS: Click or tap here to enter text. FACULTY SPONSORS: Click or tap here to enter text.

OTHER CHAPERONES: Click or tap here to enter text. TOTAL PARTICIPATES: Click or tap here to enter text.

**MODE OF TRANSPORTATION:**

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE PROCEDURE 09.36 AP.212 ☐ BUS ☐ VAN☐ CERTIFIED COMMON CARRIER; SPECIFY Click or tap here to enter text.☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Click or tap here to enter text.

**SUPERVISION: (Attach a list of names of adults accompanying students on trip).**

Have all chaperones undergone the required AOC check and been designated by the principal/designee to supervise students? ☐ YES ☐ NO

Click or tap here to enter text.

Click or tap to enter a date.

Name of Faculty Sponsor

Date

Trip has been: ☐ approved ☐ disapproved. Reason: Click or tap here to enter text.

Click or tap here to enter text.

Click or tap to enter a date.

Signature of Superintendent/Designee

Date

For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.

**FIELD TRIP CHARGES: Bus Limit: 2 persons per seat**

Regular hourly rate for driver; plus overtime

If driver's hours exceed 40 per week.

Overnight lodging: Single room.

Drive time starts 15 minutes before departure and

15 minutes after arrival.

Meals provided by sponsor: ☐ YES ☐ NOSend copy to lunchroom: ☐ YES ☐ NOAdmission to event provided: ☐ YES ☐ NO

Number of Buses Requested: Click or tap here to enter text.

**TRANSPORTATION OFFICE USE ONLY:**

Drivers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_