

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

Related to: Policy 8005, 4055, 8005AR, 8005.001F

8005.01F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: Oldham County High School

Employee(s) In Charge: David Centers

Group: OCHS Band

Destination: Galt House Louisville

Date(s) of Trip: 02/07/2024 - 2/12/24 Time of Departure: 8:00 AM Time of Return: 4:00 PM

Approximate Mileage (one way): 20 *

Approximate Number of Students: 10

Number of Chaperones/Adults: 1

TOTAL TRANSPORTED: 11 *

Number of Buses: _____

*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): students transported by their own parent/guardian

Common Carriers must be Board approved and should have the 8005.02F accompanying this form

*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: Optional

If optional, indicate student charges:

Transportation (mileage, driver) \$ 0

Admissions \$ 0

Other \$ 0

Total Charges \$ 0

Number of Instructional Days Lost: 3

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

Students who have been selected from auditions will rehearse and perform as members of the KMEA All-State Band, Orchestra, Percussion and Jazz Ensembles at the KMEA State Conference

Requested by: _____

DAVID CENTERS

Date: 08/08/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 8/14/23

Approved/Disapproved: [Signature], Level Director Date: 8/14/23

Approved/Disapproved: _____, Superintendent Date: _____

*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.

*ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.

Upon approval, the school will receive an approved form from the Superintendent. *

Adopted

Oldham County Board of Education

September 2, 1980

Revised: February 1, 1985, September 1991, April 29, 1996, June 19, 1998, June 9, 1999, November 23, 1999, April 2, 2001, March 25, 2004, March 22, 2005, July 27, 2005, August 10, 2006, June 28, 2007, March 11, 2008, July 16, 2008, February 4, 2014, July 17, 2015, January 6, 2017, January 18, 2019



OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION
FIELD TRIP BUS REQUEST FORM 8005.01F

OVERNIGHT ☒ EXTENDED DAY ☐ DAY TRIP ONLY ☐ (Same day but extends beyond the school day)

School: NORTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: Group: Kayla Gamsky, Head Volleyball Coach NOHS

Destination: TBD (site has not been announced yet by the KHSAA)

Date(s) of Trip: 11/3/23 & 11/4/23 Time of Departure: TBD (Times not announced yet) Time of Return: TBD

Approximate Mileage (one way): * TBD

Approximate Number of Students: 25

Number of Chaperones/Adults: 5

TOTAL TRANSPORTED: * 30

Number of Buses:

*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): parent drivers

Common Carriers must be Board approved and should have the 8005.02F accompanying this form *All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: Required

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

KHSAA State Volleyball Championship Tournament

Requested by: Matt Walker, NOHS Athletics Director

Date: 8/15/23

APPROVAL/DISAPPROVAL
Approved/Disapproved: [Signature], Principal Date: 8/15/23
Approved/Disapproved: [Signature], Level Director Date: 8/16/23
Approved/Disapproved: _____, Superintendent Date: _____

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Adopted Oldham County Board of Education September 2, 1980 Revised: February 1, 1985, September 1991, April 29, 1996, June 19, 1998, June 9, 1999, November 23, 1999, April 2, 2001, March 25, 2004, March 22, 2005, July 27, 2005, August 10, 2006, June 28, 2007, March 11, 2008, July 16, 2008, February 4, 2014, July 17, 2015, January 6, 2017, January 18, 2019



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Related to: Policy 8005, 4055, 8005AR; 8005.001F

OVERNIGHT ☒ EXTENDED DAY ☐ DAY TRIP ONLY ☐ (Same day but extends beyond the school day)

School: NORTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: Group: Kayla Gamsky, Head Volleyball Coach NOHS

Destination: TBD (site has not been announced yet by the KHSAA)

Date(s) of Trip: 10/29/23 & 10/30/23 Time of Departure: TBD (Times not announced yet) Time of Return: TBD

Approximate Mileage (one way): * TBD

Approximate Number of Students: 25

Number of Chaperones/Adults: 5

TOTAL TRANSPORTED: * 30

Number of Buses:

*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): parent drivers

Common Carriers must be Board approved and should have the 8005.02F accompanying this form *All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: Required

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

KHSAA State Volleyball Championship Tournament

Requested by: Matt Walker, NOHS Athletics Director

Date: 8/15/23

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal

Date: 8/15/23

Approved/Disapproved: [Signature], Level Director

Date: 8/16/23

Approved/Disapproved: [Signature], Superintendent

Date: _____

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OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

8005.01F

Related to: Policy 8005, 4055, 8005.01F; 8005.001F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: Oldham County High School

Employee(s) In Charge: Sarah Coleman

Group: Choir

Destination: Hyatt Regency Hotel; KICC; Kentucky Performing Arts - Louisville, KY

Date(s) of Trip: 2/7/24-2/9/24

Time of Departure: 10:30 AM

Time of Return: 11 PM (2/9)

Approximate Mileage (one way): 21 mi. *

Approximate Number of Students: 10

Number of Chaperones/Adults: 1

TOTAL TRANSPORTED: 11 *

Number of Buses: 1

* {44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

* These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): parent transport home following concert 2/9/24

* Common Carriers must be Board approved and should have the 8005.02F accompanying this form *

* All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: optional (required for All State)

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$55 _____

Other \$150 _____

Total Charges \$205 _____

Number of Instructional Days Lost: 3

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

Students attending have auditioned and been selected for the KMEA All State Chorus. Selection for this event is the highest honor for choir students in the state. They will work with the best high school choir students in KY and will have the opportunity to sing under the direction of some of the best choir directors in the country.

Requested by: Sarah Coleman Sarah Coleman Date: 08/11/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 8/14/23

Approved/Disapproved: [Signature], Level Director Date: 8/16/23

Approved/Disapproved: _____, Superintendent Date: _____

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* ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.

Upon approval, the school will receive an approved form from the Superintendent. *

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OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

8005.01F

FIELD TRIP BUS REQUEST FORM

Related to Policy 8005, 8005.4R, 8005.001F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: Oldham County High School

Employee(s) In Charge: Sarah Coleman Group: Choir

Destination: ACDA Southern Division Honor Choir, Louisville KY

Date(s) of Trip: 2/21/24-2/24/23 Time of Departure: 8 AM (2/21) Time of Return: 7 PM (2/24)

Approximate Mileage (one way): 70 mi. *

Approximate Number of Students: 1-2

Number of Chaperones/Adults: 1

TOTAL TRANSPORTED: 0 *

Number of Buses: 0

*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): parent transport

Common Carriers must be Board approved and should have the 8005.02F accompanying this form

*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: optional

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$350 _____

Other \$housing (optional) _____

Total Charges \$350 _____

Number of Instructional Days Lost: 3

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

Students in our choir program selected for the highest honor of participating in SouthernDiv. ACDA Honor Choir. Selected students will work with a high quality guest conductor and some of the best choir students in the region to present a concert on Saturday. Parents are required chaperones on the trip.

Requested by: Sarah Coleman Sarah Coleman Date: 8/11/23

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 8/14/23

Approved/Disapproved: [Signature], Level Director Date: 8/16/23

Approved/Disapproved: _____, Superintendent Date: _____

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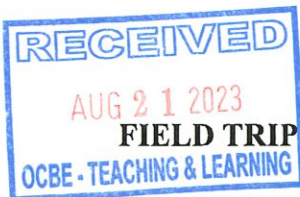
Upon approval, the school will receive an approved form from the Superintendent. *

Adopted

Oldham County Board of Education

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OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM 8005.01F *Related to: Policy 8005, 4055, 8005AR; 8005 001F*

OVERNIGHT ☒ EXTENDED DAY ☐ DAY TRIP ONLY ☐ (Same day but extends beyond the school day)

School: NOHS

Employee(s) In Charge: Amanda Buchholz Group: Marching Band

Destination: Bowling Green, KY - WKU

Date(s) of Trip: 10/27/2023 - 10/29/2023 Time of Departure: 5:00pm Time of Return: 2:00pm

Approximate Mileage (one way): 136

Approximate Number of Students: 30

Number of Chaperones/Adults: 6

TOTAL TRANSPORTED: * 36

Number of Buses: 1 - Miller Transportation

**{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}*

**These numbers include both students and all adults (bus driver, teachers, coaches, chaperones,*

etc.) Method of Transportation (if not by school bus): Common Carrier - Miller

Transportation

**Common Carriers must be Board approved and should have the 8005.02F accompanying this form* *All tolls are the responsibility of the school or group requesting the trip.*

Trip Required or Optional: Required

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

State Marching Band Championships

Requested by: Amanda Buchholz Date: August 17, 2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: Principal

Date:

Approved/Disapproved: Level Director

Date:

Approved/Disapproved: , Superintendent

Date:

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OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION - 8005.02-F

APPLICATION FOR USE OF COMMON CARRIER

Related to Board Policies 8005 and 4055

Related to 8005.01-F; 8005.06-F; 8005 - 8005.04-AR

School: North Oldham High School

Date: Aug 17, 2023

This application is to be completed only when transportation of students will be other than by school bus. (Attach a regular field trip Form for Board approval.)

702 KAR 5:060 - Section 6: Item (2)

School districts may, in their reasonable discretion and with due regard to the safety and required supervision of the school children to be transported, utilize appropriately certificated common carriers, in regular or charter service, to transport school children to or from school-related events, as long as the vehicles so utilized are not significantly used as school buses. Such use of common carrier service, in lieu of qualifying school buses, shall be on a case-by-case basis, and the reasons believed by the board to justify such shall be cited in the board minutes. (SBE 24.225: 1 Ky.R 1052: eff. 6-11-75: Am. 9 Ky.R 1309: eff. 7-6-83: 12 Ky.R 1634: eff. 5-6-86)

Date of Trip 10/27/23-10/29/23

Destination Bowling Green, KY

Main Mode of Travel: Charter Bus

Name of Major Carrier: Miller Transportation

Phone: (800) 544-2383

Address: 111 Outer Loop, Louisville, KY 40214

Method of transportation to the departure point: Parent drop-off

Type of transportation upon destination arrival:


Company name: Miller Transportation

Phone: _____

Contact person if available: _____

Why have you selected these transportation methods: Long drive/trip, want students to be comfortable,
plenty of storage space below buses for instrument transportation


Principal


Teacher or Sponsor

Adopted:

Revised: August 5, 1998

Revised: June 9, 1999

Revised: August 10, 2006

Revised: March 11, 2008

Revised: July 17, 2015

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

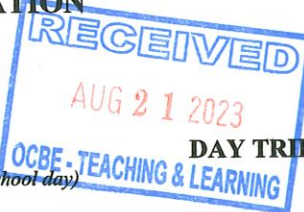
Related to: Policy 8005, 4055, 8005AR; 8005.001F

8005.01F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)



DAY TRIP ONLY ☐

School: **OCMS**

Employee(s) In Charge: Tony Wise Group: OCMS 7/8th Grade Band

Destination: Universal Studios - Orlando, Florida

Date(s) of Trip: 02/15/2024 - 2/19/2024 Time of Departure: 6:00 am Time of Return: 10:00 pm

Approximate Mileage (one way): 878 *

Approximate Number of Students: 80

Number of Chaperones/Adults: 20

TOTAL TRANSPORTED: 100 *

Number of Buses: 2

*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): Gold Shield Limousine Company (Charter Coaches)

*Common Carriers must be Board approved and should have the 8005.02F accompanying this form *

*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: Optional

If optional, indicate student charges:

Transportation (mileage, driver)	\$200.00
Admissions	\$775.00
Other	\$0
Total Charges	\$975.00

Number of Instructional Days Lost: .5

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?
We will be traveling to Orlando, Florida and performing in an educational clinic in Universal Studios.

Requested by: Tony Wise Date: 08/17/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 8/18/23

Approved/Disapproved: [Signature], Level Director Date: 8/22/2023

Approved/Disapproved: [Signature], Superintendent Date: _____

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**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION**

APPLICATION FOR USE OF COMMON CARRIER

8005.02F

References: 702 KAR 5:060

Related to: Policy 8005, 4055, 8005AR-8005.04AR; 8005.01F, 8005.06F

This application is to be completed only when transportation of students will be other than by school bus.

702 KAR 5:060 - Section 6: Item (2)

School districts may, in their reasonable discretion and with due regard to the safety and required supervision of the school children to be transported, utilize appropriately certificated common carriers, in regular or charter service, to transport school children to or from school-related events, as long as the vehicles so utilized are not significantly used as school buses. Such use of common carrier service, in lieu of qualifying school buses, shall be on a case-by-case basis, and the reasons believed by the board to justify such shall be cited in the board minutes. (SBE 24.225: 1 KY.R 1052: eff. 6-11-75: Am. 9 KY.R 1309: eff. 7-6-83: 12 KY.R 1634: eff. 5-6-86)

School: OCMS Date: 08/17/2023
Employee(s) In Charge: Tony Wise Group: 7/8th Grade Band
Date of Trip: 02/15/2024 - 2/17/2024 Destination: Universal Studios - Orlando, Florida
Main Mode of Travel: Charter Coaches
Name of Major Carrier: Gold Shield Limousine Company Phone: (859) 977-5310
Address: PO Box 2145 Lexington, KY 40588
Method of transportation to the departure point: Parents
Type of transportation upon destination arrival:
Company name: Gold Shield Limousine Company Phone: (859) 977-5310
Contact person if available: Tony Wise
Why have you selected these transportation methods? Price comparison and safety history.

Tim Caldwell

Principal

Tony Wise

Teacher or Sponsor

(Attach a regular Field Trip Request Form (8005.01F) and the Common Carrier Insurance Certificate for Board approval.)



GOLDSH-C01

JNICKERSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/10/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Houchens Insurance Group 505 Wellington Way Lexington, KY 40503	CONTACT NAME: Jennifer Nickerson	
	PHONE (A/C, No, Ext): (859) 977-5310 4106	FAX (A/C, No): (270) 843-8808
INSURED Gold Shield Limousine Company, Inc. Gold Shield VIP Coach, Inc. Gold Shield Equipment Leasing, LLC PO Box 2145 Lexington, KY 40588	E-MAIL ADDRESS: jnickerson@higusa.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: National Interstate Insurance Company	
	INSURER B: Kentucky Employers' Mutual Insurance	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			DPP574854002	8/1/2023	8/1/2024	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			DPP574854002	8/1/2023	8/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			DEX5748540-03	8/1/2023	8/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	396976	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	2nd Layer Excess			DEX5748541-03	8/1/2023	8/1/2024	Per Occurance/Agg 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Oldham County Public Schools 6165 West KY 146 Crestwood, KY 40014	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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