



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 ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: South Oldham High School

Employee(s) In Charge: Katie Rufra & Maleea Miller

Group: FCCLA

Destination: Birmingham, AL

Date(s) of Trip: 11/09/23 - 11/12/23

Time of Departure: 7AM

Time of Return: 6PM

Approximate Mileage (one way): 385 miles *

Approximate Number of Students: 25

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 28 *

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): Charter Bus- Jefferson Tours and Charter

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) \$ 50.00

Admissions \$ 75.00

Other \$ 100.00

Total Charges \$ 225.00

Number of Instructional Days Lost: 2

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

Taking students to the FCCLA National Fall Conference. Students will be competing in various events, attending leadership sessions, exploring the city, participating in community service projects, and more.

Requested by: Katie Rufra

Date: 8/30/23

APPROVAL/DISAPPROVAL

Approved/Disapproved: Alicia Woodin, Principal

Date: 8-30-23

Approved/Disapproved: MJ, Level Director

Date: 9/7/23

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

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: SOHS Date: 08/28/2023
Employee(s) In Charge: Katie Rufra & Maleea Miller Group: FCCLA
Date of Trip: 11/09/2023 - 11/12/23 Destination: Birmingham, AL
Main Mode of Travel: Charter Bus (Riding with Spencer County- they have booked the bus)
Name of Major Carrier: Jefferson Tours and Charters Phone: (502) 267-4007
Address: 11117 Decimal Dr, Louisville, KY 40299
Method of transportation to the departure point: Parent Drop off
Type of transportation upon destination arrival:
Company name: None- walking downtown Phone: _____
Contact person if available: _____
Why have you selected these transportation methods? Sharing a bus with a couple of schools helps cut down costs for student travel.

Melissa Worley
Principal

Katie Rufra
Teacher or Sponsor

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



TAYLMO-C01

DSPEARS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/14/2023

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 1240 Fairway Street Bowling Green, KY 42103	CONTACT NAME: Destiny Spears		
	PHONE (A/C, No, Ext): (270) 563-7119 4290	FAX (A/C, No): (270) 843-8808	
	E-MAIL ADDRESS: dspears@higusa.com		
INSURED Taylor Motors, Inc. 3820 U.S. 641 South Murray, KY 42071	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : National Interstate Insurance Company		32620
	INSURER B : Great American Insurance Company		16691
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

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			YPP3510060 20	5/1/2023	5/1/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
A	AUTOMOBILE LIABILITY			YPP3510060 20	5/1/2023	5/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		YEX3510060 19	5/1/2023	5/1/2024	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			YWC3510060 20	5/1/2023	5/1/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N	N/A					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Property Coverage			MAC 8363672-13	5/1/2023	5/1/2024	

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

CERTIFICATE HOLDER

CANCELLATION

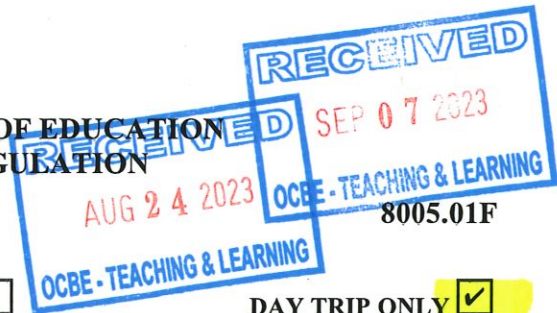
South Oldham High School
5901 Veterans Memorial Parkway
Crestwood, KY 40014

AUTHORIZED REPRESENTATIVE

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

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



OVERNIGHT ☐

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☒

School: OCHS

Employee(s) In Charge: Riordan

Group: Forensic Science

Destination: KSP Crime Lab - Frankfort

Date(s) of Trip: 12/15/2023

Time of Departure: 10:00AM

Time of Return: 3:30PM

Approximate Mileage (one way): 50 *

Approximate Number of Students: 27

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 29 *

Number of Buses: 1 Miller

*{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 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) \$ 5

Admissions \$ N/A

Other \$ _____

Total Charges \$ 5

Number of Instructional Days Lost: <1 Day

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

Enrichment for the forensics science course. Students will get to see a real crime lab and sit in on presentations delivered by employees who do this type of work every day. This opportunity will allow for career exploration in science as well as help students make real world connections to content learned throughout their science courses while at OCHS.

Requested by: Aaron Riordan

Date: 08/21/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal

Date: 8/22/23

Approved/Disapproved: [Signature], Level Director

Date: 9/7/23

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

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ADMINISTRATIVE REGULATION**

APPLICATION FOR USE OF COMMON CARRIER

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References: 702 KAR 5:060

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

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School: OCHS Date: 08/21/2023
Employee(s) In Charge: Riordan Group: Forensics Class
Date of Trip: 12/15/23 Destination: KSP Crime Lab - Franfort
Main Mode of Travel: Bus
Name of Major Carrier: Miller Transportation Phone: _____
Address: _____
Method of transportation to the departure point: _____
Type of transportation upon destination arrival: _____
Company name: Miller Transportation Phone: _____
Contact person if available: _____
Why have you selected these transportation methods? School Transportation needs to have all busses

** Needs Natalie's signature*


Principal

Aaron Riordan
Teacher or Sponsor

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



OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

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8005.01F

Related to: Policy 8005, 4055, 8005AR; 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: Larisa Sapp and Kelly McAllister

Group: Dance Team

Destination: Orlando Florida- Hilton Orlando

Date(s) of Trip: 3/6/2024-3/11/2024

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 902 Miles *

Approximate Number of Students: 12

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 14 *

Number of Buses: 0- Flying

*(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): Flying

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) \$600 Flight

Admissions \$250 Competition

Other \$450 Hotel

Total Charges \$1,300- We are fundrais

Number of Instructional Days Lost: 4

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

The dance team received a bid to attend nationals at the NDA Elite Summer Camp. We placed 12th and 13th in the nation last year. We know what we did wrong and we are working hard to improve the dance program here at OCHS. We want the opportunity to grow as a team and enhance the road of dedication and to hopefully be top 5 this year or even win a national title. Last year we placed 12th in Hip-Hop at a

Requested by: Larisa M. Sapp

Date: 08/29/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal

Date: 9/5/23

Approved/Disapproved: [Signature], Level Director

Date: 9/7/23

Approved/Disapproved: _____, Superintendent

Date: _____

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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: Oldham County High School

Employee(s) In Charge: Larisa Sapp and Kelly McAllister

Group: Dance Team

Destination: Lake Central High School- St. John Indiana

Date(s) of Trip: 12/2/23-12/3/23

Time of Departure: 12:00 PM

Time of Return: 4:00 PM

Approximate Mileage (one way): 277 Miles *

Approximate Number of Students: 12

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 14 *

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): Parents Driving/Carpool

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 \$504.00 Competition

Other \$500- 4 Hotel Rooms

Total Charges \$1,004.00

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?

This is a NDA Regionals Competition. This competition will put us in front of the same judges that will be at NDA Nationals. We will get pre-evaluated and receive score sheets to be able to improve our routines for KHSAA State and NDA Nationaks in March off of this competition.

Requested by: Larisa M. Sapp

Date: 08/29/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal

Date: 9/5/23

Approved/Disapproved: [Signature], Level Director

Date: 9/7/23

Approved/Disapproved: _____, Superintendent

Date: _____

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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: Julie Bauscher Group: KUNA

Destination: KUNA Conference - Marriott Hotel - Louisville KY (March 24-26th)

Date(s) of Trip: 03/24/2024 Time of Departure: Sun 3/24/24 Time of Return: Tues 3/26/24

Approximate Mileage (one way): _____ *

Approximate Number of Students: 50

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: _____ *

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 drop-off/pick-up (at hotel/conference location)

*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: _____

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ \$300 per student (prog

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: 2

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

KUNA Conference is a 3-day experiential conference where students engage in mock United Nations where they will simulate international diplomacy and develop, debate, and vote on resolutions that help cultivate current understanding of cultural and international issues.

Requested by: Julie Bauscher Date: 09/06/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 9/11/23

Approved/Disapproved: [Signature], Level Director Date: 9/15/2023

Approved/Disapproved: _____, Superintendent Date: _____

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8005.01F

OVERNIGHT ☒

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(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: Oldham County High School

Employee(s) In Charge: Julie Bauscher Group: KYA

Destination: KYA Conference - Crowne Plaza Louisville KY

Date(s) of Trip: 12/10/2023 Time of Departure: Sun Dec 10th Time of Return: Tues Dec 12th

Approximate Mileage (one way): _____ *

Approximate Number of Students: 50

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: _____ *

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 drop-off & pick-up (at hotel/conference location)

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: _____

If optional, indicate student charges:

Transportation (mileage, driver)	\$ <u>0</u>
Admissions	\$ <u>300 per student (progr</u>
Other	\$ _____
Total Charges	\$ _____

Number of Instructional Days Lost: 2

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

KYA is an experiential learning conference that allows students to participate in mock government.

Students will have the opportunity to learn and debate policy issues, propose bills, engage in civil discourse, attempt to find solutions for issues in the state of Kentucky, & enhance their leadership skills.

Requested by: Julie Bauscher Date: 09/06/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 9/11/23

Approved/Disapproved: [Signature], Level Director Date: 9/15/23

Approved/Disapproved: _____, Superintendent Date: _____

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