



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: East Oldham Middle School

Employee(s) In Charge: H Hunter Cardwell, Kendall Ross Group: KYA

Destination: Crowne Plaza, 830 Phillips Lane Louisville, KY 40209

Date(s) of Trip: December 3-5 2023 Time of Departure: Parent drop o Time of Return: 11:45

Approximate Mileage (one way): 30 *

Approximate Number of Students: 25

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 27 *

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 drop off on 12/3

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: Option

If optional, indicate student charges:

Transportation (mileage, driver) \$ 148.50

Admissions \$ 7420

Other \$ 669

Total Charges \$ 8237.50

Number of Instructional Days Lost: 1.5

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

KYA is a mock assembly where students get to meet with other Middle School Students from across the commonwealth to present, debate, and vote on mock bills which were developed by other middle school students. Students will have a chance to engage in the democratic process in the Assembly in Frankfort as part of this experience.

Requested by: H Hunter Cardwell Date: 10/05/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 10/9/23

Approved/Disapproved: [Signature], Level Director Date: 10/13/23

Approved/Disapproved: [Signature], 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

Trip ID# 29601



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OVERNIGHT ☒

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DAY TRIP ONLY ☐

(Same day but extends beyond the school day)

School: North Oldham High School

Employee(s) In Charge: Kiley Handley & David Hymes

Group: Student Y Club

Destination: Royal Crowne Plaza-830 Phillips Ln, Louisville, KY 40209

Date(s) of Trip: 11/29/23-12/1/23

Time of Departure: 3 pm

Time of Return: 11 am

Approximate Mileage (one way): 20 miles *

Approximate Number of Students: 45

Number of Chaperones/Adults: 2-3

TOTAL TRANSPORTED: NA *

Number of Buses: NA

*{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): Car

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) \$ 0

Admissions \$ 275

Other \$ 0

Total Charges \$ 275

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?

The Kentucky Youth Assembly (KYA) is an expanded, educational opportunity in which students serve as part of a model state government. KYA offers students the opportunity to learn about a wide variety of issues, develop critical thinking skills, and articulate their beliefs while engaging constructively with their peers from around the Commonwealth.

Requested by: Kiley Handley

Date: 10/06/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature] 101023, Principal

Date: _____

Approved/Disapproved: [Signature], Level Director

Date: 10/12/23

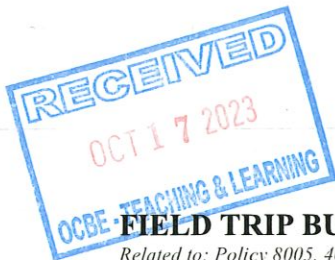
Approved/Disapproved: _____, Superintendent

Date: _____

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(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: Oldham County High School

Employee(s) In Charge: Josh Leslie

Group: Boys Basketball

Destination: Lexington, KY

Date(s) of Trip: 03/20/2024 - 3/23/24 Time of Departure: 4:30p Time of Return: 10:30p

Approximate Mileage (one way): 60 *

Approximate Number of Students: 15

Number of Chaperones/Adults: 5

TOTAL TRANSPORTED: 20 *

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): Miller Transportation (approval on file with OCS)

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: 3

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

Requested by: Josh Leslie

Date: 10/11/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal

Date: 10/13/23

Approved/Disapproved: [Signature], Level Director

Date: 10/17/23

Approved/Disapproved: _____, Superintendent

Date: _____

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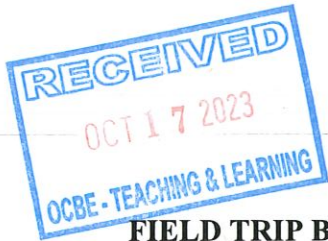
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September 2, 1980

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School: Oldham County High School

Employee(s) In Charge: Aaron Riordan

Group: Wrestling

Destination: All-Tech Arena (Lex, KY)

Date(s) of Trip: 02/16/2024 - 2/17/2024 Time of Departure: TBD Time of Return: TBD

Approximate Mileage (one way): 60 *

Approximate Number of Students: 40

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 44 *

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): _____

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 Tournament

Requested by: Aaron Riordan

Date: 10/11/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal

Date: 10/13/23

Approved/Disapproved: [Signature], Level Director

Date: 10/17/23

Approved/Disapproved: _____, Superintendent

Date: _____

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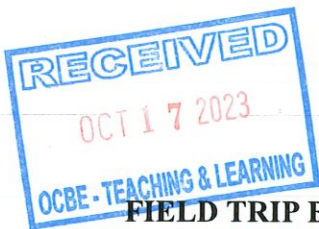
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DAY TRIP ONLY ☒

School: Oldham County High School

Employee(s) In Charge: Kris Korzenowski

Group: Swim & Dive

Destination: TBD

Date(s) of Trip: 02/22/2024 - 2/24/2024

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): TBD *

Approximate Number of Students: 20

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 23 *

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): _____

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 Swim & Dive

Requested by: Kris Korzenowski

Date: 10/11/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal

Date: 10/13/23

Approved/Disapproved: [Signature], Level Director

Date: 10/17/23

Approved/Disapproved: _____, Superintendent

Date: _____

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DAY TRIP ONLY ☐

School: Oldham County High School

Employee(s) In Charge: Jim Hook

Group: Girls Basketball

Destination: Lexington, KY

Date(s) of Trip: 03/13/2024 - 3/16/2024

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 60 *

Approximate Number of Students: 20

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 24 *

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): Miller (approval on file with CCS)

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: 3

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

Requested by: Jim Hook DF Date: 10/11/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: Natalie Brown, Principal Date: 10/13/23

Approved/Disapproved: Myra, Level Director Date: 10/17/23

Approved/Disapproved: _____, Superintendent Date: _____

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(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: **North Oldham High School**

Employee(s) In Charge: **Brian Crumbo**

Group: **Girls Track and Field**

Destination: **Mobile, AL**

Date(s) of Trip: **March 21-24, 2024**

Time of Departure: **12:23 am**

Time of Return: **6:00pm**

Approximate Mileage (one way): **640** *

Approximate Number of Students: **40**

Number of Chaperones/Adults: **3**

TOTAL TRANSPORTED: **43** *

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 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: **Optional**

If optional, indicate student charges:

Transportation (mileage, driver) \$ **\$ 100.00**

Admissions \$

Other \$ **\$ 100.00**

Total Charges \$ **\$ 200.00**

Number of Instructional Days Lost: **1**

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

Out of state competition and team bonding.

Requested by: **Brian Crumbo**

Date: **10/12/2022**

APPROVAL/DISAPPROVAL

Approved/Disapproved: **[Signature]** **10/18/23**, Principal Date:

Approved/Disapproved: **[Signature]**, Level Director Date: **10/19/23**

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

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(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: Oldham County Middle School

Employee(s) In Charge: Joe Percefull

Group: KYA

Destination: Crowne Plaza-Louisville Airport

Date(s) of Trip: 12/3-12/5

Time of Departure: 11 am

Time of Return: 2 pm

Approximate Mileage (one way): 25 *

Approximate Number of Students: 19

Number of Chaperones/Adults: 1

TOTAL TRANSPORTED: 20 *

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): _____

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) \$ 35
Admissions \$ 285
Other \$ _____

Total Charges \$ 320

Number of Instructional Days Lost: 1.5

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

Students will be attending the Kentucky Youth Assembly Model State Government conference. They will get the opportunity to take the role of representatives and senators and debate bills presented by students from around the state.

Requested by: _____

Date: 10/17/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: _____, Principal

Date: 10/17/23

Approved/Disapproved: _____, Level Director

Date: 10/18/23

Approved/Disapproved: _____, Superintendent

Date: _____

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(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: South Oldham High School

Employee(s) In Charge: Troy Blakely

Group: Baseball

Destination: Vero Beach, FL

Date(s) of Trip: March 30-April 4 2024

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 970 *

Approximate Number of Students: 20

Number of Chaperones/Adults: 6

TOTAL TRANSPORTED: 26 *

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 RESPONSIBLE FOR 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: OPTIONAL

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?

SPRING BREAK TRIP

Requested by: JOE RICHIE

Date: 10/16/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: Maura Wooley, Principal

Date: 10-16-23

Approved/Disapproved: M. June, Level Director

Date: 10/30/2023

Approved/Disapproved: _____, Superintendent

Date: _____

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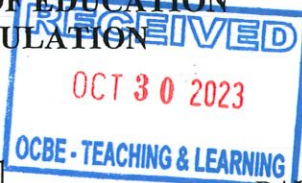
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DAY TRIP ONLY ☐

(Same day but extends beyond the school day)

School: Oldham County Middle School

Employee(s) In Charge: Kathy Beardsley/ Rob Lane

Group: Science and Nature Club

Destination: Smoky Mountain Institute @ Tremont

Date(s) of Trip: April 22-24

Time of Departure: 8:00 am

Time of Return: 9:00 pm

Approximate Mileage (one way): 295 *

Approximate Number of Students: 40

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 44 *

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): 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: Optional

If optional, indicate student charges:

Transportation (mileage, driver)	\$ 5,800
Admissions	\$ 10,920
Other	\$ 3280

Total Charges \$ 20,000

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?

The OCMS Science and Nature club seeks to provide valuable experiences connecting students with nature and our environment. Tremont Institute in partnership with Great Smoky Mountains National Park, delivers experiential learning for students through programs that promote self-discovery, critical thinking, and leadership all while connecting and learning about the natural world around us.

Requested by: Kathy Beardsley

Date: 10/19/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 10/20/23

Approved/Disapproved: [Signature], Level Director Date: 10/30/23

Approved/Disapproved: _____, Superintendent Date: _____

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2023

PRODUCER

Sure Linc Services, Inc.
111 Outer Loop

Louisville, KY 40214

INSURED MILLER TRANSPORTATION INC.,
MILLER TRANSPORTATION BUS SERVICE, INC.
111 OUTER LOOP
LOUISVILLE, KY 40214

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: RLI

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	LGB0016207	10/01/2023	10/01/2024	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		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> COLLISION <input checked="" type="checkbox"/> SPECIFIED PERIL	LFB0019097	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	LGB0016207	10/01/2023	10/01/2024	AUTO ONLY - EA ACCIDENT \$ 5,000,000 OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-FR <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER GARAGE KEEPERS	LFB0019097	10/01/2023	10/01/2024	600,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

meagan.palmer@oldham.kyschools.us

CERTIFICATE HOLDER

OLDHAM COUNTY MIDDLE SCHOOL
4305 BROWN BLVD

BUCKNER, KY 40010

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Carlynn Miller

**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

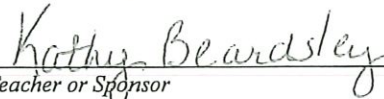
This application is to be completed only when transportation of students will be other than by school bus.

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: Oldham County Middle School Date: 10/19/2023
Employee(s) In Charge: Robert Layne, Kathy Beardsley Group: OCMS Nature Club
Date of Trip: 04/22/2024 Destination: Great Smoky Mts Institute at Tremont
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 dropoff
Type of transportation upon destination arrival:
Company name: Miller Transportation Phone: 800-544-2383
Contact person if available: Laurie Orkies
Why have you selected these transportation methods? _____
Miller Transportation has been used by OCMS and other schools in our district for
many years.


Principal


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

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: North Oldham Middle School

Employee(s) In Charge: Jonathan Perri

Group: KYA

Destination: Crowne Plaza 830 Phillips Ln Louisville, KY

Date(s) of Trip: 12/03/2023 - 12/5/23 Time of Departure: 8am Time of Return: 4pm

Approximate Mileage (one way): 18 *

Approximate Number of Students: 55

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 60 *

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 dropoff / pickup

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 \$15,275

Other \$500

Total Charges \$15,775

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?

The Kentucky Youth Assembly (KYA) is an expanded, educational opportunity in which students serve as part of a model state government. KYA offers students the opportunity to learn about a wide variety of issues, develop critical thinking skills, and articulate their beliefs while engaging constructively with their peers from around the Commonwealth.

Requested by: Jonathan Perri

Date: 11/01/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: Allison Steiner, Principal

Date: 11/2/23

Approved/Disapproved: Janice, Level Director

Date: 11/2/23

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. **

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RECEIVED

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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 ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐School: South Oldham High SchoolEmployee(s) In Charge: Stacy HeinemanGroup: Y Club/KYADestination: KYA, Crowne Plaza, Louisville, KYDate(s) of Trip: 12/10/2023 - 12/12/2023Time of Departure: 3:00 pmTime of Return: 11:00 amApproximate Mileage (one way): 20 *Approximate Number of Students: 90Number of Chaperones/Adults: 5TOTAL TRANSPORTED: 95 *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 will pick up/drop off

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 \$ 315.00

Other \$ _____

Total Charges \$ 315.00Number of Instructional Days Lost: 2

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

Students will participate in a model meeting of the Kentucky state governmentRequested by: Stacy HeinemanDate: 10/30/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Woolley, PrincipalDate: 10-30-23Approved/Disapproved: M. J. J. J., Level DirectorDate: 11/7/23

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

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: **North Oldham HS**

Employee(s) In Charge: **Amanda Buchholz**

Group: **Concert/Symphonic Band**

Destination: **Kentucky International Convention Center/Galt House Hotel**

Date(s) of Trip: **2/7-2/10**

Time of Departure: **1pm**

Time of Return: **8pm**

Approximate Mileage (one way): **15**

Approximate Number of Students: **8**

Number of Chaperones/Adults: **1**

TOTAL TRANSPORTED: **9**

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 drive students*

**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: to be determined (have not received registration cost yet)

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$

Number of Instructional Days Lost: **2.5**

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

Students selected to perform in the KMEA All-State Bands will have rehearsals and a performance these days. This will be a small number of students, so parents will transport and accompany at the hotel (Ms. B will be present as well.)

Requested by: **Amanda Buchholz**

Date: **11/6/2023**

APPROVAL/DISAPPROVAL

Approved/Disapproved, Principal

Date: **11/6/23**

Approved/Disapproved Level Director

Date: **11/7/2023**

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 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 HS

Employee(s) In Charge: Amanda Buchholz

Group: Concert/Symphonic Band

Destination: Memphis TN

Date(s) of Trip: 3/23-3/25

Time of Departure: 6am

Time of Return: 11pm

Approximate Mileage (one way): 398

Approximate Number of Students: 40

Number of Chaperones/Adults: 9

TOTAL TRANSPORTED: 49

Number of Buses: 1 (charter bus)

*{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, organized by the

MusicTravel travel company

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: all run through MusicTravel

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$

Number of Instructional Days Lost: 1

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

Our band students will be traveling to Memphis. We will attend museums relating to music history, record at the famous Sun Studios, and give a performance at Graceland for visitors.

Requested by: Amanda Buchholz *A.B.* Date: 11/6/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved, Principal *[Signature]*

Date: 11/6/23

Approved/Disapproved Level Director *[Signature]*

Date: 11/9/2023

Approved/Disapproved Superintendent *[Signature]*

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 - 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: Nov 6, 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 3/23-3/25

Destination Memphis, TN

Main Mode of Travel: Charter Bus

Name of Major Carrier: Free Enterprise

Phone: 1-800-448-5728

Address: Jeffersonville, IN 47130

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

Type of transportation upon destination arrival:

Company name: Continued use of charter buses

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 (no need for trailer or box truck)

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/6/2023

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 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 Brooker Transportation Agency Inc. 10749 Pearl Road Strongsville OH 44136	CONTACT NAME: Liz Hill ehill@brooker-ins.com PHONE (A/C, No, Ext): (440) 238-5454 FAX (A/C, No): (440) 238-0262 E-MAIL ADDRESS: btaservice@brooker-ins.com														
INSURED The Free Enterprise System, Inc One Sodrel Drive Jeffersonville IN 47130	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: LANCER INSURANCE COMPANY</td><td>26077</td></tr><tr><td>INSURER B: ACUITY</td><td>14184</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: LANCER INSURANCE COMPANY	26077	INSURER B: ACUITY	14184	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 23-24 FES

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:			GL158062#11	10/1/2023	10/1/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 5,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 5,000,000</td></tr><tr><td>Abuse or Molestation</td><td>\$ 300,000</td></tr></table>	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	Abuse or Molestation	\$ 300,000
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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> 10			BA166808#11	10/1/2023	10/1/2024	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 5,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Hired Auto Phys Dam ded, \$25,000</td><td>\$ 50,000 max</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Hired Auto Phys Dam ded, \$25,000	\$ 50,000 max				
COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
Hired Auto Phys Dam ded, \$25,000	\$ 50,000 max																				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XS192682#11	10/1/2023	10/1/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	ZD9968	10/1/2023	10/1/2024	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<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						
<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																				

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

Oldham County Schools is additional insured as respects the operations of the named insured and only to the extent the additional insured is held liable for the conduct of the named insured.

CERTIFICATE HOLDER

CANCELLATION

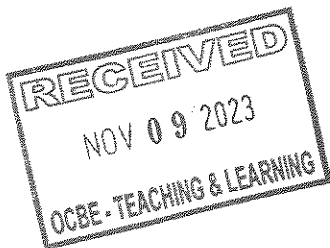
Oldham County Schools
1815 South, KY-1793
Goshen, KY 40026

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

Malcolm Brooker/ELIZ

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OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION - 8005.01-F

FIELD TRIP/BUS REQUEST

Related to Board Policies 8005; 4055
Related to 8005.001-AR; 8005.001-F

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

School South Oldham High School

Employee(s) In Charge Gene Heffington Group Girls Basketball

Destination SOUTH WARREN HS

Date(s) of Trip DEC 28-30, 2023 Time of Departure 10AM

Time of Return 4PM Approximate Mileage (one way)* 136

Approximate Number of Students 20

Number of Chaperones/Adults 4

TOTAL TRANSPORTED 24

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) BUS or Parents will transport

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

Trip Required or Optional Required If optional, indicate student charges:

Transportation (mileage, driver)	\$ _____
Admissions	\$ _____
Other	\$ _____
Total	\$ _____

Number of Instructional Days Lost 0 *All tolls are the responsibility of the school or group requesting the trip.

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

Requested by Joe Richie Date 11/6/23
Approved/Disapproved [Signature] Principal Date: 11-6-23
Approved/Disapproved [Signature] Level Director Date: 11/13/23
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 must be approved by the school board and Superintendent. Upon approval, the school will receive an approval letter from Superintendent.

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