



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: **North Oldham High School**

Employee(s) In Charge: **David Levitch**

Group: **Boys Basketball**

Destination: **Mason Co High School**

Date(s) of Trip: **12/28/23 - 12/30/23** Time of Departure: **TBD** Time of Return: **TBD**

Approximate Mileage (one way): **142** *

Approximate Number of Students: **15 Max**

Number of Chaperones/Adults: **4**

TOTAL TRANSPORTED: **19 Max** *

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?

tournament during Christmas break; opportunity to enhance team chemistry

Requested by: **David Levitch**

Date: **8/16/23**

APPROVAL/DISAPPROVAL

Approved/Disapproved: **[Signature]**, Principal Date: **11/27/23**

Approved/Disapproved: **[Signature]**, Level Director Date: **11/27/23**

Approved/Disapproved: **[Signature]**, Superintendent Date: **11/27/23**

*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

DEC 11 2023



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 JOE RICHIE Group BOYS LACROSSE

Destination MOELLER/SPRINGBORO HS

Date(s) of Trip MARCH 15-16, 2024 Time of Departure 3PM

Time of Return 11:30PM Approximate Mileage (one way)* 123

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) BUS

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

Trip Required or Optional Optional 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?

LACROSSE GAMES

Requested by JOE RICHIE Date 11/11/23

Approved/Disapproved [Signature] Principal Date: 11-11-23

Approved/Disapproved [Signature] Level Director Date: 11/15/23

Approved/Disapproved _____, Superintendent Date: _____

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FIELD TRIP/BUS REQUEST

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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 SCOTT COOKSEY Group SWIM

Destination U OF K

Date(s) of Trip FEBRUARY 22-24, 2024 Time of Departure TBD

Time of Return TBD Approximate Mileage (one way) 74

Approximate Number of Students 25

Number of Chaperones/Adults 4

TOTAL TRANSPORTED 29

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

Trip Required or Optional ☐ Optional ☒ If optional, indicate student charges:
Transportation (mileage, driver) \$ _____
Admissions \$ _____
Other \$ _____
Total \$ _____

Number of Instructional Days Lost 0 1 *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?
KHSAA STATE TOURNEY

Requested by JOE RICHIE Date 11/11/23
Approved/Disapproved [Signature] Principal Date: 11-11-23
Approved/Disapproved [Signature] Level Director Date: 11/15/23
Approved/Disapproved _____ Superintendent Date: _____

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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 Jesse Alford Group Wrestling

Destination Great Crossing High School/ Georgetown, KY

Date(s) of Trip Jan 12-13, 2024 Time of Departure 2:45pm

Time of Return 13th at conclusion of tournament Approximate Mileage (one way)* 71 miles

Approximate Number of Students 16

Number of Chaperones/Adults 4

TOTAL TRANSPORTED 20

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/ Coaches approved on travel form

*Common Carriers must be Board approved and should have the 8005-001-F accompanying this form *

Trip Required or Optional Optional ☐ if optional, indicate student charges:

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

Number of Instructional Days Lost _____

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?
2 day wrestling event starting at 5:00pm on the 12th.

Requested by Joe Richie Date 11/6/23
Approved/Disapproved [Signature], Principal Date: 11-6-23
Approved/Disapproved [Signature], Level Director Date: 11/15/23
Approved/Disapproved _____, Superintendent Date: _____

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DEC 11 2023



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

RUPP ARENA

Date(s) of Trip

MARCH 13 - MARCH 16

Time of Departure

TBD

Time of Return

TBD

Approximate Mileage (one way)*

72

Approximate Number of Students

25

Number of Chaperones/Adults

4

TOTAL TRANSPORTED

29

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

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

Trip Required or Optional

Optional

If optional, indicate student charges:

Transportation (mileage, driver)

\$

Admissions

\$

Other

\$

Total

\$

Number of Instructional Days Lost

02

*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?

KHSAA STATE TOURNEY

Requested by

JOE RICHIE

Date

11/11/23

Approved/Disapproved

Melissa Woody

Principal

Date:

11-11-23

Approved/Disapproved

M. Jane

Level Director

Date:

11/15/23

Approved/Disapproved

Superintendent

Date:

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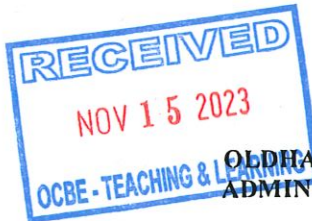
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FIELD TRIP/BUS REQUEST

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 STEVE SIMPSON Group BOYS BASKETBALL

Destination RUPP ARENA

Date(s) of Trip MARCH 20 - 23, 2024 Time of Departure TBD

Time of Return TBD Approximate Mileage (one way)* 72

Approximate Number of Students 25

Number of Chaperones/Adults 4

TOTAL TRANSPORTED 29

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

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

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

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

Number of Instructional Days Lost 0.2 *All tolls are the responsibility of the school or group requesting the trip.

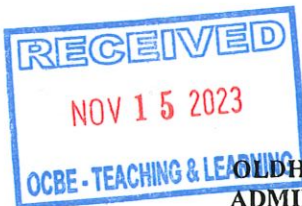
Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?
KHSAA STATE TOURNEY

Requested by JOE RICHIE Date 11/11/23
Approved/Disapproved [Signature] Principal Date: 11-11-23
Approved/Disapproved [Signature] Level Director Date: 11/15/23
Approved/Disapproved _____, Superintendent Date: _____

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FIELD TRIP/BUS REQUEST

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

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School South Oldham High School

Employee(s) In Charge JESSE ALFORD

Group WRESTLING

Destination TBD

Date(s) of Trip FEB 15-17, 2024

Time of Departure TBD

Time of Return TBD

Approximate Mileage (one way)* TBD

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) BUS OR PARENT TRANSPORT

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

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

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

Number of Instructional Days Lost 0.1 *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?

KHSAA STATE WRESTLING FINALS

Requested by JOE RICHIE

Date 11/11/23

Approved/Disapproved Melissa Wood, Principal

Date: 11-11-23

Approved/Disapproved M. June, Level Director

Date: 11/15/23

Approved/Disapproved _____, Superintendent Date: _____

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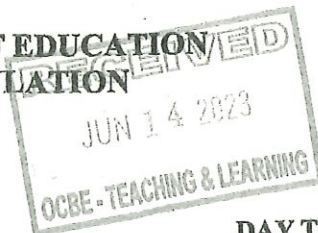
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OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION

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: Band

Destination: Orlando, FL (Disney) and Nassau, Bahamas

Date(s) of Trip: 4/2/24 - 4/9/24 Time of Departure: 9:00am Time of Return: 10:00pm

Approximate Mileage (one way): 880 *

* make sure trip is refundable

Approximate Number of Students: 75

Number of Chaperones/Adults: 20

TOTAL TRANSPORTED: 95 *

* New cert. of Insurance needed before trip

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)

Method of Transportation (if not by school bus): Gold Shield Buses
Tim's Tours

*Common Carriers must be Board approved and should have the 8005.02F account

*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) \$ 400

Admissions \$ 200

Other \$ 1100

Total Charges \$ 1700

Number of Instructional Days Lost: 1

Justification: Why is the trip necessary? What is to be learned? How will

Band students would travel to perform in a parade at Magic Kingdom, wait Disney World and perform in the "Rock the Boat" performances on Carnival Cruise Line during a 3 day cruise from FL to Bahamas and back.

Requested by: David Centers

Date: 05/30/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal

Date: 6/13/23

Approved/Disapproved: [Signature], Level Director

Date: 6/15/23

Approved/Disapproved: [Signature], Superintendent

Date: 6.28.23

*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. *

* Needs Re Approval due to change

WE HAVE CHANGED BUS

COMPANIES FOR THE

OCHS BAND SPONSOR TRIP

UPDATED COMMON CARRIER FORM

& CERTIFICATE OF INSURANCE

IS ATTACHED

Also - Refund Policy & Trip Insurance OFFERING

Adopted

Oldham County Board of Education

September 2, 1980

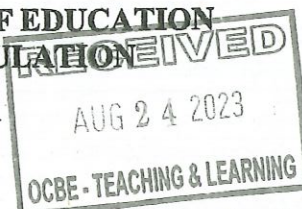
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OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

APPLICATION FOR USE OF COMMON CARRIER

References: 702 KAR 5:060

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



8005.02F

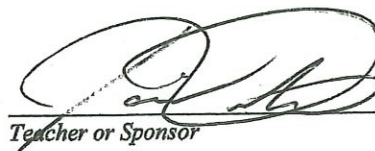
This application is to be completed only when transportation of students will be other than by school bus.

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 High School Date: 08/18/2023
Employee(s) In Charge: David Centers Group: Band
Date of Trip: _____ Destination: Orlando, FL
Main Mode of Travel: Coach Buses
Name of Major Carrier: Timi's Tours Transportation (Chancer) Phone: (800) 682-8214
Address: 230 S. Main Street, Moweaqua, IL 62550
Method of transportation to the departure point: same
Type of transportation upon destination arrival:
Company name: same Phone: _____
Contact person if available: _____
Why have you selected these transportation methods? _____
students to be transported via bus to Florida for performances


Principal


Teacher or Sponsor

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

CANCELLATION & NAME CHANGE POLICY

CRUISE PACKAGE (Group Cancellation)

- \$50.00 Fee per person if the entire group cancels before 5:00pm (EST) 120 days prior to arrival. All Deposits are Non-Refundable if the entire group cancels after this date and time.

CRUISE PACKAGE (Individual Cancellations)

- \$75.00 Fee per individual cancellation made after 5:00pm (EST) 120 days prior to arrival through 5:00pm (EST) 90 days prior to arrival.
- \$200.00 Fee per individual cancellation made after 5:00pm (EST) 90 days prior to arrival through 5:00pm (EST) 60 days prior to arrival.
- 50% of Total Fare per individual cancellation made after 5:00pm (EST) 60 days prior to arrival through 5:00pm (EST) 30 days prior to arrival.
- Individual Cancellations made after 5:00pm (EST) 30 days prior to arrival are Non-Refundable.

NAME CHANGES

- Rooming List - From 60 days prior to departure a \$50.00 Fee will be applicable for each and every change involving names. IMPORTANT NOTES: (A) Legal first and last names must be provided on original rooming list. (B) At least one person from the original rooming list must remain in the cabin or it will result in a full cabin cancellation in which cancellation penalties will apply! (C) Carnival Cruise Line may place a no name change restriction on a sailing at any time, without prior notice.

EXCLUSIONS AND LIMITATIONS

Unless otherwise shown below, these exclusions apply to You, Your Traveling Companion, or Family Member scheduled and booked to travel with You.

The following exclusion(s) apply(ies) to the Trip Cancellation and Trip Interruption. We will not pay for any loss or expense caused due to, arising or resulting from: 1. a Pre-Existing Medical Condition, as defined in the policy.

The following exclusions apply to the Medical Expense benefits. We will not pay for any loss or expense caused due to, arising or resulting from: 1. routine physical examinations or routine dental care; 2. traveling for the purpose or intent of securing medical treatment or advice; 3. Elective Treatment and Procedures; 4. Normal pregnancy (except Complications of Pregnancy) or childbirth, except as specifically covered under Trip Cancellation or Trip Interruption or elective abortion; 5. a Mental, Nervous or Psychological Condition or Disorder unless Hospitalized or Partially Hospitalized while the policy is in effect; 6. Your participation in Adventure or Extreme Activities, riding or driving in any races, or participation in speed or endurance competition or events, except as a spectator; 7. Your participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition.

In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits. We will not pay for any loss or expense caused due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with You, while sane or insane; 2. being under the influence of drugs or narcotics, unless administered upon the advice of a Physician as prescribed; 3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage; 4. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war, except as the policy specifically provides otherwise; 5. the commission of or attempt to commit a felony or being engaged in an illegal occupation by You, a Traveling Companion, Family Member, or Business Partner; 6. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination; 7. piloting or learning to pilot or acting as a member of the crew of any aircraft; 8. a loss or damage caused by detention, confiscation, or destruction by customs.

EXCLUSIONS AND LIMITATIONS apply to Baggage and Personal Effects, Musical Instruments, Baggage Delay, and Musical Instruments Equipment Rental: We will not provide benefits for any loss or damage for the following items: a. animals; b. automobiles and automobile equipment; c. boats or other vehicles or conveyances; d. trailers; e. motors; f. aircraft; g. bicycles, except when checked as baggage with a Common Carrier; h. household effects and furnishings; i. antiques and collectors' items; j. sunglasses, contact lenses, artificial teeth, dentures, dental braces, dental bridges, retainers or other orthodontic devices or earing aids; k. artificial limbs or other prosthetic devices; l. prescribed medications; m. keys, money, stamps and credit cards (except as otherwise specifically covered herein); n. securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein); o. professional or occupational equipment or property, whether or not electronic business equipment; p. telephones or wireless devices, computer hardware or software.

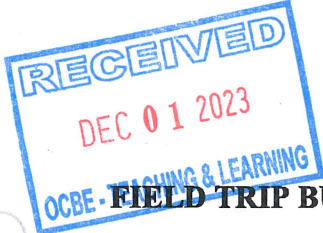
Losses not covered: We will not provide benefits for any loss or damage caused by or resulting from: a. breakage of brittle or fragile articles (except musical instruments); b. wear and tear or gradual deterioration; c. confiscation or appropriation by order of any government or custom's rule; d. theft or pilferage while left in any unlocked or unattended vehicle; e. property illegally acquired, kept, stored or transported; f. Your negligent acts or omissions; g. property shipped as freight or shipped prior to the Scheduled Departure Date; h. electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Pre-Existing Medical Condition Exclusion Waiver!

The Pre-Existing Medical Condition Exclusion will be waived if the protection plan is purchased within the time sensitive period, and you are medically able and not disabled from travel at the time you pay the plan cost.

PLEASE REFER TO THE PLAN DOCUMENTS FOR A COMPLETE DESCRIPTION OF COVERAGE.

This advertisement contains highlights of the plans developed by Travel Insured International, which include travel insurance coverages underwritten by United States Fire Insurance Company, Principal Office located in Morristown, New Jersey, under form series T7000 et al, T210 et al and TP-401 et al, and non-insurance Travel Assistance Services provided by C&F Services. The terms of insurance coverages in the plans may vary by jurisdiction and not all insurance coverages are available in all jurisdictions. **Insurance coverages in these plans are subject to terms, limitations and exclusions including an exclusion for pre-existing medical conditions.** In most states, your travel retailer is not a licensed insurance producer/agent, and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may be compensated for the purchase of a plan and may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. CA DOI toll free number is 800- 927-4357. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Travel Insured International. P.O. Box 6503, Glastonbury, CT 06033; 855-752-8303; customercare@travelinsured.com; California license #013223. While Travel Insured International markets the travel insurance in these plans on behalf of USF, non-insurance components of the plans were added to the plans by Travel Insured International, and Travel Insured International does not receive compensation from USF for providing the non-insurance components of the plans.



OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM 8005.01F *Related to: Policy 8005, 4055, 8005AR; 8005.001F*

OVERNIGHT X EXTENDED DAY DAY TRIP ONLY *(Same day but extends beyond the school day)*

School: **NOHS**

Employee(s) In Charge: Tyler Smith

Group: Chorus

Destination: Louisville Convention Center/Hyatt Regency

Date(s) of Trip: **February 7th-9th, 2024**

Time of Departure: 9 AM Time of Return: 8 PM

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

Approximate Number of Students: 3

Number of Chaperones/Adults: 1 (parents required to attend)

TOTAL TRANSPORTED: 0

Number of Buses: 0

Method of Transportation (if not by school bus): **Parent Transportation**

Trip Required or Optional: Optional

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$ 65

Other \$

Total Charges \$ 65

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?

These students auditioned and have been granted admission into the KMEA All State Choirs, one of the most prestigious and high level music making opportunities in our state. While at this event, students will be in a rigorous rehearsal environment with world-class instructors that will challenge them pedagogically and have the capacity to impact their lives for years to come. They will rejoin our choirs after this event more knowledgeable and better for the experience they had.

Requested by: Tyler Smith

Date: 11-29-2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: Principal

Date: **12/23**

Approved/Disapproved: Level Director

Date: **12/4/23**

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. **



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: OCHS

Employee(s) In Charge: Keana Arnold

Group: Cheer

Destination: Orlando, FL

Date(s) of Trip: Feb 9-12, 2024

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 875 *

Approximate Number of Students: 30

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 33 *

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): Air travel and shuttle service

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: _____

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

UCA Nationals in Orlando, FL

Requested by: Keana Arnold

Date: 06/16/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: Natalie Brown, (per email), Principal Date: 12/7/23

Approved/Disapproved: M. J. Anne, Level Director Date: 12/7/23

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. *

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 ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: OCHS

Employee(s) In Charge: Jim Hook

Group: Girls Basketball

Destination: Anderson County

Date(s) of Trip: Dec. 28-30, 2023

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 36 *

Approximate Number of Students: 15

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 19 *

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: _____

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

Girls Basketball Holiday Tournament

Requested by: Jim Hook

Date: 12/07/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: Natalie Brown (per email), Principal Date: 12/7/23

Approved/Disapproved: M. James, Level Director Date: 12/7/23

Approved/Disapproved: _____, 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, 8005AR; 8005.001F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: OCHS

Employee(s) In Charge: Josh Leslie

Group: Boys Basketball

Destination: Scott High School

Date(s) of Trip: Dec. 20-22, 2023

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 65 *

Approximate Number of Students: 20

Number of Chaperones/Adults: 5

TOTAL TRANSPORTED: 25 *

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: _____

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

Boys Basketball Holiday Tournament

Requested by: Josh Leslie

Date: 12/07/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: Natalie Brown (per email), Principal Date: 12/7/23

Approved/Disapproved: [Signature], Level Director Date: 12/7/23

Approved/Disapproved: _____, Superintendent Date: _____

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Gill, Teresa S

From: Brown, Natalie
Sent: Thursday, December 7, 2023 1:11 PM
To: Gill, Teresa S; Letendre, David J
Cc: Six, Sharla
Subject: Re: Overnight field trips

I approve

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From: Gill, Teresa S <teresa.gill@oldham.kyschools.us>
Sent: Thursday, December 7, 2023 11:46:03 AM
To: Letendre, David J <david.letendre@oldham.kyschools.us>
Cc: Brown, Natalie <natalie.brown@oldham.kyschools.us>; Six, Sharla <sharla.six@oldham.kyschools.us>
Subject: Overnight field trips

Hey David,

Two of these overnight trips are this month and should have been approved at least in the month prior if not sooner. The other will be okay. Please know items for the Board agenda were due last Friday. However, with Natalie's approval Mrs. Easton is making an exception to add to this month.

Natalie, Sorry to bother you once more but could I have your approval. Feel better!

Teresa Gill

Executive Secretary to the Deputy Superintendent
Oldham County Schools
6165 W Hwy 146
Crestwood, KY 40014
(502)241-3500 x229



From: Letendre, David J <david.letendre@oldham.kyschools.us>
Sent: Thursday, December 7, 2023 10:47 AM
To: Gill, Teresa S <teresa.gill@oldham.kyschools.us>
Subject: Fw: Message from KM_C450i

Teressa,

Attached are three requests for field trips. One for Cheer that I filled out a while back but cannot find the approved version and two for basketball for holiday tournaments. Dr. Brown is out sick, but I'll resend these when they have her signature on them.

Thank you,

David Letendre

Athletic Director

Oldham County High School

[OCHS COLONEL NATION CENTRAL](#)

From: Frontoffice@OLDHAM.us <Frontoffice@OLDHAM.us>

Sent: Thursday, December 7, 2023 10:27 AM

To: Letendre, David J <david.letendre@oldham.kyschools.us>

Subject: Message from KM_C450i