

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: VII G **DATE:** January 18, 2024

TOPIC/TITLE: Request for Use of School Buses

PRESENTER: Danny Adkins

ORIGIN:

- TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)
- ACTION REQUESTED AT THIS MEETING
- ITEM IS ON THE CONSENT AGENDA FOR APPROVAL
- ACTION REQUESTED AT FUTURE MEETING: (DATE)
- BOARD REVIEW REQUIRED BY

- STATE OR FEDERAL LAW OR REGULATION
- BOARD OF EDUCATION POLICY
- OTHER:

PREVIOUS REVIEW, DISCUSSION OR ACTION:

- NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION
- PREVIOUS REVIEW OR ACTION

- DATE:
- ACTION:

BACKGROUND INFORMATION:

Organizations wishing to rent school buses must have prior approval by the Board of Education. The organization is responsible for any expenses incurred through use of the buses.

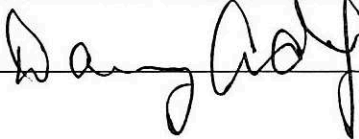
SUMMARY OF MAJOR ELEMENTS:

Requesting use of school buses: St. Leo School (Field Trip to Lexington Cathedral, 2/2/24); Woodford County 4-H (4-H Camps at North Central and Carlisle, KY, 7/15/24 and 7/19/24).

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:

SUPERINTENDENT'S RECOMMENDATION: Recommended Not Recommended



Request to Place an Item on the Agenda

Name: Leo Labrillazo, Principal St. Leo School

Address: 255 Huntertown Rd, Versailles

Telephone number: (859) 873-4591

Name of school children attend, if applicable: N/A

Group represented: St. Leo School

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): N/A Josh Rayburn,
Interim Director of Transportation

Description of Issue: Request to use school buses (2)
for a school field trip to Lexington
(Cathedral of Christ the King)

Specific Action Requested: Approve 2 buses for St. Leo to
use on 2/2/24. St. Leo School will pay
for drivers and all costs incurred.

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

RECEIVED

JAN - 8 2024

WOODFORD COUNTY
BOARD OF EDUCATION

Request Form

EMPLOYEE OR PERSON MAKING REQUEST Leo Labrillazo, Principal St. Leo School
ORGANIZATION, IF ANY, THAT YOU REPRESENT _____


NATURE OF REQUEST Request 2 school buses to take students from St. Leo School to Christ the King Cathedral on Feb. 2, 2024. Costs incurred will be paid for by St. Leo School.

IS THIS REQUEST IN COMPLIANCE WITH ALL DISTRICT POLICIES? YES NO

WILL THIS REQUEST REQUIRE ANY EXPENDITURE OF DISTRICT FUNDS YES NO

ADMINISTRATOR RECEIVING REQUEST N/A Josh Rayburn

IF THIS REQUEST IS ORIGINATING FROM A PARTICULAR SCHOOL OR IS REQUESTING THE USE OF A PARTICULAR SCHOOL, THE BUILDING PRINCIPAL MUST RECOMMEND APPROVAL BY SIGNING BELOW.

12/13/23 DATE Leo Labrillazo BUILDING PRINCIPAL'S SIGNATURE 

THE PERSON MAKING THIS REQUEST CAN BE CONTACTED AT THE ADDRESS OR TELEPHONE NUMBER LISTED BELOW.

255 Huntertown Rd (859) 873-4591
Versailles Ky 40383 ADDRESS TELEPHONE

12/13/23 DATE Leo Labrillazo SIGNATURE OF PERSON MAKING REQUEST

Review/Revised:7/18/11

Vehicle Request Form



**VEHICLE REQUEST FORM
TRANSPORTATION**
859-879-4647

REV 6-2-18

OFFICE USE ONLY

TRIP NUMBER _____
ENTERED _____
SCHEDULED _____
COMPLETED _____

wcps.vttt@woodford.kyschools.us

TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE

SCHOOL/ORGANIZATION NAME: St. Leo School

TRIP DATE: 2/2/24

****NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP**
STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST**

TEACHER CONTACT NAME & PHONE#

GROUP NAME & GRADE
St. Leo - Grades 4-8

TRIP TYPE
ROUND TRIP (Driver stays with group)
OR
ONE WAY (D&R) _____

Number of Passengers 74 STUDENTS
**2/3 seating only on out of district trips per regulation
ADULTS _____

BUS WITH LIFT YES ___ NO
BOARD VEHICLE (VAN) YES ___
LUGGAGE YES ___ NO
8 passengers or less including the driver
 Vehicle Not Required

DESTINATION NAME ADDRESS
Christ the King Cathedral
412 Cochran Dr. Lexington 40502

TRIP TIME	DEPARTURE TIME	ARRIVAL TIME	WHO IS PAYING FOR TRIP Please include the address to send invoice	Munis Funding Code for Trip Cost
Depart	DEPART SCHOOL <u>8:45</u>	Arrive At Location <u>9:20</u>	<u>St. Leo School</u> <u>255 Kuntertown Rd</u>	
Return	DEPART LOCATION <u>11:25</u>	<u>2:15 CUTOFF</u> RETURN TO SCHOOL <u>11:55</u>	ADDRESS <u>Versailles, Ky</u> <u>40383</u>	<u>Educational Purpose:</u> <u>School Mass</u>

REQUEST (NOTE) All outside groups requesting trips must have prior board approval

DRIVER TIMESHEET and MILEAGE RECORD	DRIVER NAME								
	VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked	
								Regular	Overtime
	NOTES TO DRIVER								
	CONTACT AFTER HOURS KAY PENN DIRECTOR OF TRANSPORTATION 859-621-0402								
	DRIVER SIGNATURE								

BUS EVACUATION	EMERGENCY EVACUATION DRILL/REVIEW	
	Complete the drill if any passenger has not performed an emergency evacuation training drill this school year. If all passengers have performed an emergency evacuation training drill this school year - Go over instructions for exiting the bus in an emergency. Review the exits and how they operate. Have the teacher/chaperone sign this form that these procedures have been reviewed with all passengers.	
	SIGNATURE OF TEACHER <u>Principal</u> <u>Leo Sabunillo</u>	

RELATED PROCEDURE: 04.31 AP.2 (DISTRICT PROCUREMENT CARDS)

Review/Revised:6/18/2018

Certificate of Coverage

Date: 10/24/2023

Certificate Holder
 The Roman Catholic Diocese of Lexington and
 Bishop John Stowe, Catholic Diocese of Lexington
 1310 West Main Street
 Lexington, KY 40508-2040

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage
 THE CATHOLIC MUTUAL RELIEF
 SOCIETY OF AMERICA
 10843 OLD MILL RD
 OMAHA, NE 68154

Covered Location
 ST LEO CHURCH
 255 HUNTERTOWN RD
 VERSAILLES, KY 40383

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
Property				Real & Personal Property	
D. General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	8548	12/31/2023	12/31/2024	Each Occurrence	500,000
				General Aggregate	
				Products-Comp/OP Agg	
				Personal & Adv Injury	
				Fire Damage (Any one fire)	
				Med Exp (Any one person)	
Excess Liability				Each Occurrence	
				Annual Aggregate	
Other				Each Occurrence	
				Claims Made	
				Annual Aggregate	
				Limil/Coverage	

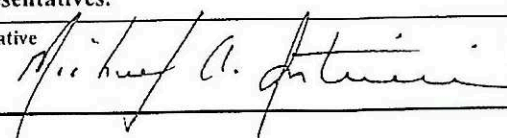
Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)
 Coverage is verified for St. Leo School, for the term of the certificate.

Holder of Certificate

Cancellation

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative



0371001117

Request to Place an Item on the Agenda

Name: Ryan Farley

Address: 184 Beasley Drive Versailles, KY 40382

Telephone number: 859-873-4601

Name of school children attend, if applicable: _____

Group represented: Woodford County 4-H

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): Josh Rayburn, Interim Director of Transportation

Description of Issue: Woodford County 4-H would like to request the use of WAPS busses to transport 4-H'ers to 4-H Camp at North Central 4-H Camp in Carlisle, Kentucky.

Specific Action Requested: Approval of use of buses

Check if you are: Board Member District Employee Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

RECEIVED

JAN - 8 2024

WOODFORD COUNTY BOARD OF EDUCATION

Vehicle Request Form

 <p>Woodford County Public Schools Where Kids Win!</p>	<p>VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcps.vttt@woodford.kyschools.us</p>	<div style="border: 1px solid black; padding: 2px;">REV 6-2-18</div>	<p>OFFICE USE ONLY</p> <p>TRIP NUMBER _____</p> <p>ENTERED _____</p> <p>SCHEDULED _____</p> <p>COMPLETED _____</p>
---	--	--	--

REQUEST	<i>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE</i>			
	<p>SCHOOL/ORGANIZATION NAME: <u>Woodford County 4-H</u></p> <p style="text-align: center;"><i>**NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP**</i> <i>STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST</i></p>			<p>TRIP DATE: <u>7/15/24 & 7/19/24</u></p>
	<p>TEACHER CONTACT NAME & PHONE# Ryan Farley - 859-873-4601</p>			<p>GROUP NAME & GRADE Woodford County 4-H - 4th - 12th</p>
	<p>TRIP TYPE ROUND TRIP <input type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input checked="" type="checkbox"/></p>	<p>Number of Passengers STUDENTS <u>130</u> ADULTS <u>18</u> <i>**2/3 seating only on out of district trips per regulation</i></p>	<p>BUS WITH LIFT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>LUGGAGE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>BOARD VEHICLE (VAN) YES <input type="checkbox"/> 8 passengers or less including the driver <input checked="" type="checkbox"/> Vehicle Not Required</p>
	<p>DESTINATION NAME ADDRESS North Central 4-H Center 260 St-1035, Carlisle, KY 40311</p>			
	TRIP TIME	DEPARTURE TIME	ARRIVAL TIME	WHO IS PAYING FOR TRIP Please include the address to send invoice
	Depart	DEPART SCHOOL 7/15/24 - 9:00AM -	Arrive At Location 10:30AM	Woodford County Extensior
	Return	DEPART LOCATION 7/19/24 - 11:00am North Central 4-H Center	<u>2:15 CUTOFF</u> RETURN TO SCHOOL 7/19/24 - 12:00p	ADDRESS
	Munis Funding Code for Trip Cost			
	Educational Purpose: 4-H Camp provides youth grades 4th and up from Woodford County opportunities to develop life skills			

DRIVER TIMESHEET and MILEAGE RECORD	DRIVER NAME								
	VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked	
								Regular	Overtime
		NOTES TO DRIVER							
	CONTACT AFTER HOURS JOSH RAYBURN 859-621-0402								
	DRIVER SIGNATURE								

BUS EVACUATIO	EMERGENCY EVACUATION DRILL/REVIEW	
	<p>Complete the drill if any passenger has not performed an emergency evacuation training drill this school year. If all passengers have performed an emergency evacuation training drill this school year – Go over instructions for exiting the bus in an emergency. Review the exits and how they operate. Have the teacher/chaperone sign this form that these procedures have been reviewed with all passengers.</p>	
	SIGNATURE OF TEACHER	

RELATED PROCEDURE: 04.31 AP.2 (DISTRICT PROCUREMENT CARDS)

Review/Revised:6/18/2018

CERTIFICATE OF INSURANCE

Issue Date: May 23, 2023

INSURER KACo All Lines Fund 400 Englewood Drive Frankfort, Kentucky 40601 1-800-264-5226	This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certification does not amend, extend or alter the coverage afforded by the policies below.
INSURED Woodford County Extension Service 184 Beasley Rd Versailles, KY 40383	Company Letter A: KACo All Lines Fund Company Letter B: Company Letter C: Company Letter D: Company Letter E:

COVERAGES

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 terms, exclusions, and conditions of such policies. Limits shown may have been reduced by claims.

CO LTR	Type of Insurance	Policy Number	Policy Eff. Date	Policy Exp. Date	LIMITS
	General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Owner's & Contractor's Prot.				General Aggregate Products-Comp/Ops Aggr Personal & Adv. Injury Each Occurrence Fire Damage (Any 1 Fire) Medical Exp. (Any 1 Pers.)
A	Automobile Liability <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> Hired Auto <input type="checkbox"/> All Owned <input type="checkbox"/> Non-Owned <input type="checkbox"/> Scheduled	P&C 0542	7/1/22	Until Cancelled	Combined Single Limit \$3,000,000 Bodily Injury (Per Pers.) Bodily Injury (Per Acc.) Property Damage Deductible (comp/coll per \$10) \$500
	<input type="checkbox"/> Property <input type="checkbox"/> Inland Marine				As Per Statement on File
	<input type="checkbox"/> Law Enforcement				Each Occurrence Aggregate
	<input type="checkbox"/> Errors & Omissions				Each Occurrence Aggregate
	<input type="checkbox"/> Employment Practices				Each Claim Aggregate
	<input type="checkbox"/> Flood				

Description of Operations/Locations/Vehicles/Special Items:

Usage of School Board owned buses for 4-H Camp...any dates of camp

Certificate Holder <input checked="" type="checkbox"/> Loss Payee <input checked="" type="checkbox"/> Additional Insured Woodford County Board of Education 330 Pisgah Pike Versailles, KY 40383	Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents, or representatives.
	Authorized Representative 