

**WOODFORD COUNTY BOARD OF EDUCATION  
AGENDA ITEM**

**ITEM #:** VIII **DATE:** February 16, 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: Versailles Baptist Church (Johnathan Creek Camp, 7/7-11/24; Crossings Camp, 6/16-20/24).

**IMPACT ON RESOURCES:**

**TIMETABLE FOR FURTHER REVIEW OR ACTION:**

**SUPERINTENDENT'S RECOMMENDATION:**  Recommended  Not Recommended

*Danny Adkins Jr.*


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# Use of Bus Request

|  |  |
|--|--|
| <b>INDIVIDUAL/STAFF REQUESTING TRIP:</b>   | Kevin Hash - Versailles Baptist Church   |
| <b>DATES OF TRIP:</b>  | 7/7/24 - 7/11/24   |
| <b>TRIP TO:</b>  | Crossings - Jonathan Creek camp in Hardin, KY  |
| <b>METHOD OF TRANSPORTATION:</b>   | School Busses  |
| <b>ACCOMMODATIONS:</b>   | Needing school bus to drive 48 students and 7 chaperones to Jonathan Creek camp. Arrive at camp by 3pm on 7/7/24. Also need school bus to pick |
| <b>EDUCATIONAL OBJECTIVE/CURRICULUM CONNECTIONS:</b>   | up these same people on 7/11/24 by 9am at the camp location and drive them back to VBC.  |
| <b>CONFERENCE AGENDA:<br/>SEE ATTACHMENT</b>   |  |
| <b>NUMBER OF PARTICIPANTS/SCHOOLS:<br/>(If more than one school, attach list of participants and their schools.)</b> | 48 students<br><br>7 chaperones  |
| <b>TOTAL ESTIMATED COST:</b>   | None   |
| <b>COST INCLUDES:</b>  |  |
| <b>FUNDING SOURCE:</b>   |  |
| <b>FUND MANAGER RECOMMENDATION:</b>  | <input type="checkbox"/> Recommended<br><input type="checkbox"/> Not Recommended   |
| <b>PRINCIPAL/SUPERVISOR RECOMMENDATION:</b>  | <input type="checkbox"/> Recommended<br><input type="checkbox"/> Not Recommended   |
| <b>SUPERINTENDENT RECOMMENDATION:</b>  | <input checked="" type="checkbox"/> Recommended<br><input type="checkbox"/> Not Recommended  |

*Danny Adkins Jr.*

**Vehicle Request Form**

|  |   |            |  |  |  |   |                                  |
|--|---|------------|--|--|--|---|----------------------------------|
|   | <b>VEHICLE REQUEST FORM</b><br><b>TRANSPORTATION</b><br>859-879-4647<br>wcps.vttt@woodford.kyschools.us                                   |            |  |  | REV 6-2-18   | OFFICE USE ONLY<br>TRIP NUMBER _____<br>ENTERED _____<br>SCHEDULED _____<br>COMPLETED _____   |                                  |
|  | TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE  |            |  |  |  |   |                                  |
| REQUEST<br><br>(NOTE) All outside groups requesting trips must have prior board approval   | SCHOOL/ORGANIZATION NAME: <u>Versailles Baptist Church</u>  |            |  |  |  | TRIP DATE: <u>7/7/24</u> &<br><u>7/11/24</u>  |                                  |
|  | **NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP**<br>STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST |            |  |  |  |   |                                  |
|  | TEACHER CONTACT NAME & PHONE# <u>Emily Hughes</u><br><u>610-216-0799</u>  |            |  |  |  | GROUP NAME & GRADE<br><u>VBC 9<sup>th</sup> - 12<sup>th</sup></u>   |                                  |
|  | TRIP TYPE<br>ROUND TRIP _____ (Driver stays with group)<br>OR<br>ONE WAY (D&R) <input checked="" type="checkbox"/> x 2                    |            |  | Number of Passengers<br>STUDENTS <u>48</u><br>ADULTS <u>7</u><br><small>**2/3 seating only on out of district trips per regulation</small> |  | BUS WITH LIFT YES _____ NO <input checked="" type="checkbox"/><br>LUGGAGE YES <input checked="" type="checkbox"/> NO _____<br>BOARD VEHICLE (VAN) YES _____<br>8 passengers or less including the driver<br><input type="checkbox"/> Vehicle Not Required |                                  |
|  | DESTINATION NAME ADDRESS<br><u>Crossings Camp, 3043 Beal Rd, Hardin, KY 42048</u>   |            |  |  |  |   |                                  |
|  | TRIP TIME   |            | DEPARTURE TIME                             | ARRIVAL TIME   | WHO IS PAYING FOR TRIP<br>Please include the address to send invoice |   | Munis Funding Code for Trip Cost |
|  | Depart<br><u>7/7/24</u>   |            | DEPART<br><u>Be @ VBC by 11am</u>          | Arrive At Location<br><u>3pm</u>   | <u>VBC</u>   |   |                                  |
|  | Return<br><u>7/11/24</u>  |            | DEPART LOCATION<br><u>Be @ camp by 9am</u> | 2:15 CUTOFF RETURN TO SCHOOL   | ADDRESS<br><u>125 E Green St Versailles, KY 40383</u>                |   | Educational Purpose:             |
|  | DRIVER NAME   |            |  |  |  |   |                                  |
|  | MILEAGE RECORD<br>Note: Time starts with pre-trip inspection and ends with post-trip check  |            |  |  |  |   |                                  |
| VEHICLE #  | Date  | Start Time | End Time                                   | Start Odometer   | End Odometer   | TOTAL Miles Driven  | Hours Worked<br>Regular Overtime |
| NOTES TO DRIVER  |   |            |  |  |  |   |                                  |
| CONTACT AFTER HOURS<br>DIRECTOR OF TRANSPORTATION 859-621-0402   |   |            |  |  |  |   |                                  |
| DRIVER SIGNATURE   |   |            |  |  |  |   |                                  |
| EMERGENCY EVACUATION DRILL/REVIEW  |   |            |  |  |  |   |                                  |
| Complete the drill if any passenger has not performed an emergency evacuation training drill this school year.<br>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.<br>Have the teacher/chaperone sign this form that these procedures have been reviewed with all passengers. |   |            |  |  |  |   |                                  |
| SIGNATURE OF TEACHER   |   |            |  |  |  |   |                                  |

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


Review/Revised:6/18/2018

# Use of Bus Request

|   |  |
|---|--|
| <b>INDIVIDUAL/STAFF REQUESTING TRIP:</b>  | Kevin Hash - Versailles Baptist Church   |
| <b>DATES OF TRIP:</b>   | 6/16/24 - 6/20/24  |
| <b>TRIP TO:</b>   | Crossings Camp, Cedarmore in Bagdad, KY  |
| <b>METHOD OF TRANSPORTATION:</b>  | School busses  |
| <b>ACCOMMODATIONS:</b>  | Needing school busses to drive 58 students & 9 chaperones to Cedarmore camp to arrive there by 3pm on 6/16/24.         |
| <b>EDUCATIONAL OBJECTIVE/CURRICULUM CONNECTIONS:</b>  | Also needing school busses to pick up those same individuals on 6/20/24 by 9am at the camp and drive them back to VBC. |
| <b>CONFERENCE AGENDA:</b>   | SEE ATTACHMENT   |
| <b>NUMBER OF PARTICIPANTS/SCHOOLS:</b><br>(If more than one school, attach list of participants and their schools.) | 58 students<br>9 chaperones  |
| <b>TOTAL ESTIMATED COST:</b>  | None   |
| <b>COST INCLUDES:</b>   |  |
| <b>FUNDING SOURCE:</b>  |  |
| <b>FUND MANAGER RECOMMENDATION:</b>   | <input type="checkbox"/> Recommended<br><input type="checkbox"/> Not Recommended                                       |
| <b>PRINCIPAL/SUPERVISOR RECOMMENDATION:</b>   | <input type="checkbox"/> Recommended<br><input type="checkbox"/> Not Recommended                                       |
| <b>SUPERINTENDENT RECOMMENDATION:</b>   | <input checked="" type="checkbox"/> Recommended<br><input type="checkbox"/> Not Recommended                            |

*Danny Adkins Jr.*

**Vehicle Request Form**

|  |  |   |   |  |                |   |                    |                                  |  |  |
|--|--|---|---|--|----------------|---|--------------------|----------------------------------|--|--|
|           | <b>VEHICLE REQUEST FORM</b><br><b>TRANSPORTATION</b><br>859-879-4647<br>wcps.vttt@woodford.kyschools.us  |   |   |  | REV 6-2-18     | OFFICE USE ONLY<br>TRIP NUMBER _____<br>ENTERED _____<br>SCHEDULED _____<br>COMPLETED _____   |                    |                                  |  |  |
|  | TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE   |   |   |  |                |   |                    |                                  |  |  |
| REQUEST<br><br>(NOTE) All outside groups requesting trips must have prior board approval   | SCHOOL/ORGANIZATION NAME: <u>Versailles Baptist Church</u>   |   |   |  |                | TRIP DATE: <u>6/16/24</u> & <u>6/20/24</u>  |                    |                                  |  |  |
|  | **NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP**<br>STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST  |   |   |  |                |   |                    |                                  |  |  |
|  | TEACHER CONTACT NAME & PHONE# <u>Emily Hughes 60-216-0799</u>  |   |   |  |                | GROUP NAME & GRADE<br><u>VBC 6<sup>th</sup> - 8<sup>th</sup></u>  |                    |                                  |  |  |
|  | TRIP TYPE<br>ROUND TRIP _____ (Driver stays with group)<br>OR<br>ONE WAY (D&R) <input checked="" type="checkbox"/> x 2   |   |   | Number of Passengers<br>STUDENTS <u>58</u><br>ADULTS <u>9</u><br><small>**2/3 seating only on out of district trips per regulation</small> |                | BUS WITH LIET YES _____ NO <input checked="" type="checkbox"/><br>LUGGAGE YES <input checked="" type="checkbox"/> NO _____<br>BOARD VEHICLE (VAN) YES _____<br>8 passengers or less including the driver<br><input type="checkbox"/> Vehicle Not Required |                    |                                  |  |  |
|  | DESTINATION NAME ADDRESS<br><u>Crossings Camp, 3083 Cedarmore Rd, Bagdad KY 40003</u>  |   |   |  |                |   |                    |                                  |  |  |
| TRIP TIME  |  | DEPARTURE TIME                          | ARRIVAL TIME                                  | WHO IS PAYING FOR TRIP<br>Please include the address to send invoice   |                | Munis Funding Code for Trip Cost  |                    |                                  |  |  |
| Depart<br><u>6/16/24</u>   |  | DEPART <u>Be @ VBC by 2pm</u>           | Arrive At Location<br><u>3pm - 3:15pm VBC</u> |  |                |   |                    |                                  |  |  |
| Return<br><u>6/20/24</u>   |  | DEPART LOCATION <u>Be @ camp by 9am</u> | <u>2:15 CUTOFF RETURN TO SCHOOL</u>           | ADDRESS<br><u>125 E Green St Versailles KY 40383</u>   |                | Educational Purpose:  |                    |                                  |  |  |
| MILEAGE RECORD<br>Note: Time starts with pre-trip inspection and ends with post-trip check | DRIVER NAME  |   |   |  |                |   |                    |                                  |  |  |
|  | VEHICLE #  | Date                                    | Start Time                                    | End Time   | Start Odometer | End Odometer  | TOTAL Miles Driven | Hours Worked<br>Regular Overtime |  |  |
|  |  |   |   |  |                |   |                    |                                  |  |  |
|  |  |   |   |  |                |   |                    |                                  |  |  |
|  |  |   |   |  |                |   |                    |                                  |  |  |
| NOTES TO DRIVER  |  |   |   |  |                |   |                    |                                  |  |  |
| CONTACT AFTER HOURS<br>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.<br>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.<br>Have the teacher/chaperone sign this form that these procedures have been reviewed with all passengers. |   |   |  |                |   |                    |                                  |  |  |
|  | SIGNATURE OF TEACHER   |   |   |  |                |   |                    |                                  |  |  |

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

Review/Revised:6/18/2018