

JUL 29 2024

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: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: STAN CLARK

Group: XC

Destination: TERRE HAUTE, IN

Date(s) of Trip: 10/5-10/6/2024

Time of Departure: 12PM

Time of Return: TBD

Approximate Mileage (one way): 197 *

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): BUS OR PARENTS WILL TRANSPORT

* 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?
OVERNIGHT TRIP

Requested by: JOE RICHIE

Date: 07/12/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Wooten, Principal Date: 7-12-24

Approved/Disapproved: M. June, Level Director Date: 7/18/24

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

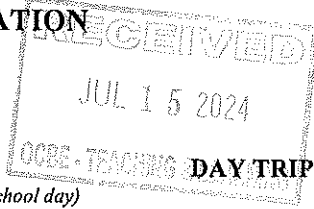
Related to: Policy 8005, 4055, 8005AR, 8005.001F

8005.01F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)



School: South Oldham High School

Employee(s) In Charge: Peyton Fransen

Group: Dance Team

Destination: UDA Nationals in Orlando, Florida

Date(s) of Trip: 1/30/25-2/3/25

Time of Departure: 6:00 AM

Time of Return: 9:00 PM

Approximate Mileage (one way): 882 *

Approximate Number of Students: 14

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 16 *

Number of Buses: 0

7/16 emailed Joe
for Common carrier
form ✓

*(44 Person Maximum for MS/HS) (60 Person Maximum for ELEM)

*These numbers include both students and all adults (bus driver, teachers, coaches, chap

Method of Transportation (if not by school bus): Airplane (Southwest Airlines)

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) \$400

Admissions \$870

Other \$0

Total Charges \$1270

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?

UDA nationals is a wonderful opportunity for the team to showcase what they have been working on all year at a national level and to represent the school. Experiencing the level of competition at nationals will also serve as a learning experience to help the team become better athletes and performers.

Requested by: Peyton Fransen

Date: 6/5/24

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Wood, Principal Date: 7-8-24

Approved/Disapproved: M. Jones, Level Director Date: 7-18-24

Approved/Disapproved: _____, Superintendent Date: _____

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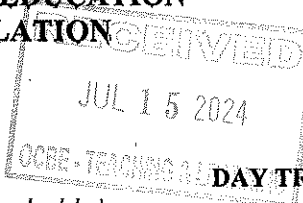
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8005.01F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)



DAY TRIP ONLY ☒

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: JOHN CANTRELL

Group: BOYS SOCCER

Destination: HENDERSON CO HS

Date(s) of Trip: 9/13-9/14/2024

Time of Departure: 7AM

Time of Return: 10PM

Approximate Mileage (one way): 148 *

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 PARENTS WILL TRANSPORT

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: 1

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

Requested by: JOE RICHIE

Date: 07/12/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: M. Jones, Principal

Date: 7-12-24

Approved/Disapproved: M. Jones, Level Director

Date: 7-18-24

Approved/Disapproved: M. Jones, Superintendent

Date:

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Oldham County Board of Education

September 2, 1980

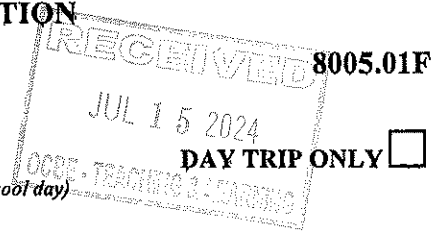
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OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: CLAY SUTER

Group: GIRLS GOLF

Destination: TBD

Date(s) of Trip: TBD

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): TBD *

Approximate Number of Students: 10

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 12 *

Number of Buses: 1

*{44 Person Maximum for MS/HIS} {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 8005.02F 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?

GOLF SEMI-STATE

Requested by: JOE RICHIE

Date: 07/12/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature] Principal

Date: 7-12-24

Approved/Disapproved: [Signature] Level Director

Date: 7-18-24

Approved/Disapproved: [Signature] Superintendent

Date:

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8005.01F

OVERNIGHT ☒

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(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: CLAY SUTER

Group: GIRLS GOLF

Destination: TBD

Date(s) of Trip: TBD

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): TBD *

Approximate Number of Students: 10

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 12 *

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 8005.02F 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?
GOLF STATE FINALS

Requested by: JOE RICHIE

Date: 07/12/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: Maryna Woodley, Principal Date: 7-12-24

Approved/Disapproved: M. Daniel, Level Director Date: 7-18-24

Approved/Disapproved: _____, Superintendent Date: _____

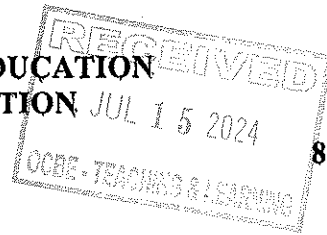
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OCBE MTG
JUL 29 2024

OLDHAM COUNTY BOARD OF EDUCATION
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8005.01F

FIELD TRIP BUS REQUEST FORM

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OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: TIFFANY BLAIR

Group: VOLLEYBALL

Destination: TBD

Date(s) of Trip: TBD

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): TBD *

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 8005.02F 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?

VOLLEYBALL PLAYOFFS

Requested by: JOE RICHIE

Date: 07/12/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Woodley, Principal

Date: 7-12-24

Approved/Disapproved: M. June, Level Director

Date: 7-18-24

Approved/Disapproved: _____, Superintendent

Date: _____

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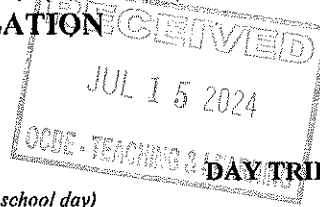
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8005.01F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)



DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: TIFFANY BLAIR

Group: VOLLEYBALL

Destination: HIGHLANDS HS

Date(s) of Trip: 9/13-9/14/24

Time of Departure: 4:30PM

Time of Return: 10PM

Approximate Mileage (one way): 89 *

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 8005.02F 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?

VOLLEYBALL MATCHES

Requested by: JOE RICHIE

Date: 07/12/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: Christina Wooley, Principal

Date: 7-12-24

Approved/Disapproved: M. Jones, Level Director

Date: 7-18-24

Approved/Disapproved: _____, Superintendent

Date: _____

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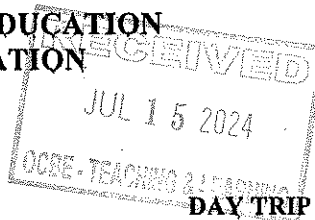
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8005.01F

OVERNIGHT ☒

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(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: TIFFANY BLAIR

Group: VOLLEYBALL

Destination: OWNESBORO HS

Date(s) of Trip: 8/23-8/24/24

Time of Departure: 4:30PM

Time of Return: 10PM

Approximate Mileage (one way): 89 *

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 8005.02F 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?

VOLLEYBALL MATCHES

Requested by: JOE RICHIE

Date: 07/12/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Woodley, Principal

Date: 7-12-24

Approved/Disapproved: M. June, Level Director

Date: 7-18-24

Approved/Disapproved: _____, Superintendent

Date: _____

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8005.01F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: CHRIS CUNNINGHAM

Group: BOYS GOLF

Destination: TBD

Date(s) of Trip: TBD

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): TBD *

Approximate Number of Students: 10

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 12 *

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 8005.02F 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?
GOLF SEMI-STATE

Requested by: JOE RICHIE

Date: 07/12/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: Phyllis A. Woodley, Principal

Date: 7-12-24

Approved/Disapproved: M. J. [Signature], Level Director

Date: 7-18-24

Approved/Disapproved: _____, Superintendent

Date: _____

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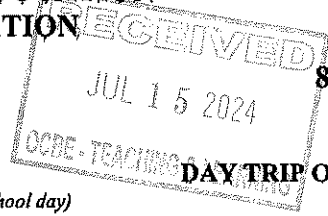
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OVERNIGHT ☒

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(Same day but extends beyond the school day)



DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: CHRIS CUNNINGHAM

Group: BOYS GOLF

Destination: TBD

Date(s) of Trip: TBD

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): TBD *

Approximate Number of Students: 10

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 12 *

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 8005.02F 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?

GOLF STATE FINALS

Requested by: JOE RICHIE

Date: 07/12/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: Maria Wooley Principal

Date: 7-12-24

Approved/Disapproved: M. June Level Director

Date: 7-18-24

Approved/Disapproved: _____ Superintendent

Date: _____

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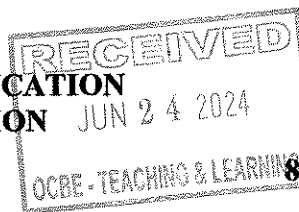
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OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: OCMS

Employee(s) In Charge: Tony Wise and Emma Harrison Group: 8th Grade Band and Choir

Destination: Gatlinburg and Pigeon Forge, Tennessee

Date(s) of Trip: 04/25/2025 - 4/27/2025 Time of Departure: 7:00 am Time of Return: 10:30 pm

Approximate Mileage (one way): 290 *

Approximate Number of Students: 110

Number of Chaperones/Adults: 40

TOTAL TRANSPORTED: 150 *

Number of Buses: 3

*{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 Coach - Gold Shield

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) \$ 150.00

Admissions \$ 550.00

Other \$ 0

Total Charges \$ 700.00

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?
Taking the students to Pigeon Forge to compete in the Music in the Parks Band and Choir competition.

Requested by: Tony Wise and Emma Harrison Date: 05/13/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 5/14/24

Approved/Disapproved: [Signature], Level Director Date: 6/27/24

Approved/Disapproved: [Signature], Superintendent Date: 6/27/24

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**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION**

APPLICATION FOR USE OF COMMON CARRIER

8005.02F

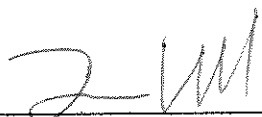
References: 702 KAR 5:060

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: OCMS Date: 05/13/2024
Employee(s) In Charge: Tony Wise and Emma Harrison Group: OCMS Band/Choir
Date of Trip: 04/25/2025 Destination: Gatlinburg and Pigeon Forge, TN
Main Mode of Travel: Charter Coarch
Name of Major Carrier: Gold Shield Phone: (859) 255-6388
Address: 765 Miles Point Way, Lexington, KY 40510
Method of transportation to the departure point: Parent Drop Off
Type of transportation upon destination arrival:
Company name: Same as above Phone: _____
Contact person if available: Tony Wise
Why have you selected these transportation methods? Price and record of safe travels. Also, the
OCMS band traveled with this company last year and had a great experience.



Principal

Tony Wise Emma Harrison

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 – 4055.08 -F

Related to OCBE Policies 4055, 8005, 8005.001-AR, 8005.02-AR, 8005.03-AR

PRINCIPAL FIELD TRIP CERTIFICATION
(overnight field trips or field trips in excess of 60 miles)

Field Trip Sponsor Name: Tony Wise

Date(s) of Trip: 4/25/2025 - 4/27/2025 School: Ocms

Field Trip Destination: Gatlinburg / Pigeon Forge, TN

☒ Approved *Field Trip Request*, including educational purpose and transportation arrangements.

☒ Submitted *Field Trip Request* form to Superintendent or Board if required for approval.

____ Assigned Field Trip Health Coordinator.

____ Verified with Field Trip Sponsor that:

- ☐ Student permission forms have been collected.
- ☐ Health Coordinator has completed field trip pre-planning for students with health conditions.
- ☐ Sufficient number of chaperones have been secured (at least 1 chaperone per 10 students and OCBE employee per bus).

Principal

Date

****Send this form to the Level Director at least one week prior to departure date. Prior to sending the form, make sure all the appropriate boxes have been checked off and the principal has signed the form.**

Adopted: July, 2008
Revised: March 10, 2011
Revised: February 22, 2012 (Form number only change)
Revised: July 17, 2015

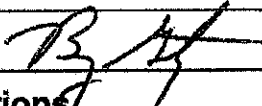
Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. BNG LLC	
	2 Business name/disregarded entity name, if different from above Taylor Tours	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) See instructions. 645 Main Street, Suite 202	Requester's name and address (optional)
	6 City, state, and ZIP code Tell City, IN 47586	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																														
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																																														
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																														
<table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td></tr><tr><td colspan="9">or</td></tr><tr><td colspan="9">Employer identification number</td></tr><tr><td>4</td><td>6</td><td></td><td>-</td><td>3</td><td>2</td><td>5</td><td>7</td><td>8 1 3</td></tr></table>		Social security number												-			-			or									Employer identification number									4	6		-	3	2	5	7	8 1 3
Social security number																																														
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or																																														
Employer identification number																																														
4	6		-	3	2	5	7	8 1 3																																						

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ► 
	Date ► 2/6/24

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



GOLDSH-C01

JNICKERSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Houchens Insurance Group 505 Wellington Way Lexington, KY 40503	CONTACT NAME: Jennifer Nickerson	
	PHONE (A/C, No, Ext): (859) 977-5310 4106	FAX (A/C, No): (270) 843-8808
INSURED Gold Shield Limousine Company, Inc. Gold Shield VIP Coach, Inc. Gold Shield Equipment Leasing, LLC PO Box 2145 Lexington, KY 40588	E-MAIL ADDRESS: jnickerson@higusa.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: National Interstate Insurance Company	
	INSURER B: Kentucky Employers' Mutual Insurance	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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"/> PROJECT <input type="checkbox"/> LOC OTHER:		DPP574854004	8/1/2023	8/1/2024	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		DPP574854004	8/1/2023	8/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		DEX5748540-04	8/1/2023	8/1/2024	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) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	Y N/A	396976	1/1/2024	1/1/2025	<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
A	2nd Layer Excess		DEX5748541-04	8/1/2023	8/1/2024	Per Occurance/Agg 5,000,000

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

CERTIFICATE HOLDER

CANCELLATION

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

Oldham County Public Schools
6165 West KY 146
Crestwood, KY 40014

CONTRACT
OLDHAM COUNTY MIDDLE SCHOOL BAND AND CHOIR
Pigeon Forge and Gatlinburg Adventure
April 25 – 27, 2025

INCLUDED IN YOUR TOUR PACKAGE:

ESCORT

- Experienced Taylor Tours Travel Director Will Accompany the Group

ACCOMMODATIONS

- Two Night's Hotel Accommodations in Pigeon Forge
- Room Occupancy is Four to a Room for Students and as Selected by Adults

MEALS IN ORDER

- \$20.00 for Lunch in Gatlinburg
- Dinner Show at Dolly Parton's Stampede
- Breakfast at the Hotel
- Meal Voucher for Lunch at Dollywood
- \$20.00 for Dinner at Dollywood
- Breakfast at the Hotel
- Lunch at Hard Rock Café
- \$20.00 for Dinner Enroute

ADMISSION FEES

- Ripley's Aquarium of the Smokies
- Dolly Parton's Stampede Dinner Show
- Music in Parks Festival
- Dollywood
- Wonder Works
- Titanic Museum

TT further agrees to provide the following additional goods and services:

- Performance and Competition at Music Festival
- Private Security at the Hotel
- Special Tour Booklet for Each Traveling Member
- Luggage Tags
- Trip Departure Briefing
- All Planning and Operational Costs
- SYTA Consumer Protection Plan
- \$1,000,000.00 Professional Liability and Errors and Omissions Policy
- Emergency Medical Insurance Policy
- All Taxes and Gratuities
- **Five Complimentary Tour Packages are Included in Price (Four Doubles and One Single)**

Oldham County

Initial ☒

Page 1 of 4

Taylor Tours

Initial ☒

TOUR PACKAGE PRICING
 (Tour Package and Transportation are separate costs)
All Prices Based on Availability at Time of Booking
NO BOOKINGS MADE UNTIL DEPOSIT IS RECEIVED

150	140	130	PAYING TRAVELING MEMBERS
\$534.00	\$536.00	\$539.00	PER PERSON IN QUAD OCCUPANCY
\$569.00	\$572.00	\$574.00	PER PERSON IN TRIPLE OCCUPANCY
\$640.00	\$642.00	\$645.00	PER PERSON IN DOUBLE OCCUPANCY
\$852.00	\$854.00	\$857.00	PER PERSON IN SINGLE OCCUPANCY

Students are to be Four to a Room. Chaperones are as Selected (Quad, Triple, Double, Single).
 Price is based upon a 130, 140 or 150 paying tour members. If numbers change, the final per person price will be adjusted according to the final number of paying tour members.

TRANSPORTATION PRICING

- * 56-passenger motor coach equipped with restroom, DVD, outlets and Wi-Fi at a cost of:
Gold Shield - \$7,769.00 per coach (3 coaches booked)
 Prices includes all driver's expenses, taxes, tolls and parking and gratuities.
- * Please Note: Motorcoach companies reserve the right to re-quote if deposits are not paid. In addition, Motorcoach companies reserve the right to charge a fuel surcharge in the event of rising fuel prices.
- * **Tour Pricing and Transportation are separate costs.**

THE TOUR COST DOES NOT INCLUDE transportation beyond group arrangement per the itinerary, baggage handling, meals unless listed in the tour conditions, items or services of a personal nature such as: snacks, laundry, room service, phone calls, souvenirs, etc.; any item or service not mentioned specifically in the tour conditions.

PAYMENT SCHEDULE

DEPOSIT\$1,800.00 is necessary to confirm
Please note: This is a non/refundable deposit that will apply toward the group's final billing.
 SECOND PAYMENTSeptember 27, 2024 \$150.00 per person
 THIRD PAYMENTOctober 25, 2024 \$150.00 per person
 FOURTH PAYMENTNovember 29, 2024 \$150.00 per person
 FIFTH PAYMENTDecember 27, 2024 \$150.00 per person
 ROOMING LISTDue 60 Days Prior to Departure----February 24, 2025
 BALANCE PAID IN FULL.....Due 45 Days Prior to Departure----March 11, 2025

CANCELLATION POLICY

All cancellations must be made in writing. Cancellations of individual trips will be refunded in full if received 60 days or more prior to departure, subject however to the terms and conditions herein set forth. A \$75.00 administrative fee will be charged per each individual cancellation if occurring 59 days – 46 days prior to departure plus any unrecoverable fees. **No refunds for cancellations 45 days or less prior to departure.** Replacements (that is, one or more individuals going in place of a like number of previously registered individuals) may be made without charge. Please note that the initial \$1,800.00 is non-refundable, however it will apply toward the final billing. If an individual cancellation affects the number of quint, quad, triple, or other multiple rates, a fee will be charged to cover any additional charges as a result thereof. If any individual or group cancellation occurs at any time and as a result thereof, additional charges are imposed upon Taylor Tours, or if Taylor Tours is unable to obtain either a full or partial refund from any supplier because of such cancellation, all such matters will be charged to the individual or group canceling. Unused or partially used components of any tour package are non-refundable.

PLEASE NOTE: TOUR PRICING AND TRANSPORTATION PRICING ARE SEPARATE COSTS.

Oldham County
 Initial ☒

Page 3 of 4

Taylor Tours
 Initial ☒











CONTRACT - Oldham County MS 2025

Final Audit Report

2024-05-23

Created:	2024-05-23
By:	Stephanie Thomas (info@traveltaylorlortours.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAPv24eoAVuZu9ARJE_uYhh0WvpgS3jP56

"CONTRACT - Oldham County MS 2025" History

-  Document created by Stephanie Thomas (info@traveltaylorlortours.com)
2024-05-23 - 2:37:38 PM GMT
-  Document emailed to null Tony (anthony.wise@oldham.kyschools.us) for signature
2024-05-23 - 2:38:57 PM GMT
-  Email viewed by null Tony (anthony.wise@oldham.kyschools.us)
2024-05-23 - 2:40:15 PM GMT
-  Signer null Tony (anthony.wise@oldham.kyschools.us) entered name at signing as Tony Wise
2024-05-23 - 2:55:55 PM GMT
-  Document e-signed by Tony Wise (anthony.wise@oldham.kyschools.us)
Signature Date: 2024-05-23 - 2:55:57 PM GMT - Time Source: server
-  Document emailed to null Bryan (bryan@traveltaylorlortours.com) for signature
2024-05-23 - 2:55:58 PM GMT
-  Email viewed by null Bryan (bryan@traveltaylorlortours.com)
2024-05-23 - 3:16:42 PM GMT
-  Signer null Bryan (bryan@traveltaylorlortours.com) entered name at signing as Bryan Gentry
2024-05-23 - 3:17:40 PM GMT
-  Document e-signed by Bryan Gentry (bryan@traveltaylorlortours.com)
Signature Date: 2024-05-23 - 3:17:42 PM GMT - Time Source: server
-  Agreement completed.
2024-05-23 - 3:17:42 PM GMT



Adobe Acrobat Sign

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

Related to: Policy 8005, 4055, 8005-AR: 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: Ryan Warner

Group: Volleyball

Destination: Northern KY

Date(s) of Trip: 8/30-8/31

Time of Departure: 4pm

Time of Return: 10pm

Approximate Mileage (one way): 81 *

Approximate Number of Students: 25

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 28 *

Number of Buses: 0

*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): Parents

Common Carriers must be Board approved and should have the 8005-02F accompanying this form

*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: _____

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

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?

Potential Overnight Stay - Volleyball Games

Requested by: Paul Hollen

Date: 07/24/2024

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal

Date: 7/24/24

Approved/Disapproved: [Signature], Level Director

Date: 7/25/24

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