

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: VII K **DATE:** August 26, 2024

TOPIC/TITLE: Approve Request for Use of School Bus

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 busses must have prior approval by the board of Education. The organization is responsible for any expenses incurred through use of the buses.

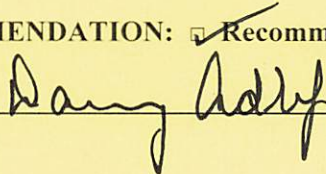
SUMMARY OF MAJOR ELEMENTS:

Requesting use of school buses: Midway Business Association (9/21/24 & 9/22/24)

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:

SUPERINTENDENT'S RECOMMENDATION: Recommended Not Recommended



Request to Place an Item on the Agenda

Name: Midway Business Association -

Address: Midway, KY

Telephone number: 859-533-0922 - Amy Bowman / ^{Corynn Newkirk} ~~859-589-2133~~ 859-494-7397

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

Group represented: Midway Business Association

Check if request was submitted to: Superintendent Board Chairperson

Conferred with following administrators (names): _____

Description of Issue: _____

Specific Action Requested: Midway Business Association is requesting to rent 3 school buses and drivers on September 21 & 22 to shuttle attendees to and from the Midway Fall Festival parking area. The buses will have a direct route with a police presence at intersections

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.

Request Form

EMPLOYEE OR PERSON MAKING REQUEST Amy Bowman / Cortney Naekirk
ORGANIZATION, IF ANY, THAT YOU REPRESENT Midway Business Association
NATURE OF REQUEST MBA would like to rent 3 buses and the appropriate number of drivers to provide a shuttle for our Fall Festival attendees to + from our parking lot.

Hours - 9am - 10pm
9am - 7pm

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 _____

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.

7-15-24 _____
DATE BUILDING PRINCIPAL'S SIGNATURE

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


Cortney Naekirk _____
TELEPHONE 859-494-7397

Box 3591 Midway KY
ADDRESS

7-15-24 _____
DATE SIGNATURE OF PERSON MAKING REQUEST

Review/Revised: 7/18/11

Vehicle Request Form

	<p>VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcps.vttt@woodford.kyschools.us</p>	REV 6-2-18	OFFICE USE ONLY TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____		
REQUEST (NOTE) All outside groups requesting trips must have prior board approval	<p><i>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE.</i></p> SCHOOL/ORGANIZATION NAME: <u>Midway Business Assoc.</u>		TRIP DATE: <u>Sept. 21+22</u>		
	<p>**NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP** STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST</p> TEACHER CONTACT NAME & PHONE# _____		GROUP NAME & GRADE _____		
	TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) _____	Number of <u>Passengers</u> **2/3 seating only on out of district trips per regulation	STUDENTS _____ ADULTS _____	BUS WITH LIFT YES <input checked="" type="checkbox"/> NO _____ LUGGAGE YES _____ NO _____ BOARD VEHICLE (VAN) YES _____ 8 passengers or less including the driver <input type="checkbox"/> Vehicle Not Required	
	DESTINATION NAME ADDRESS <u>Midway, KY</u>	WHO IS PAYING FOR TRIP Please include the address to send invoice <u>Midway Business Assoc.</u>			
	TRIP TIME Depart <u>9am</u> Return <u>10pm</u> <u>7pm</u>	DEPARTURE TIME DEPART SCHOOL DEPART LOCATION	ARRIVAL TIME Arrive At Location 2:15 CUTOFF RETURN TO SCHOOL	Munis Funding Code for Trip Cost Educational Purpose: _____	
MILEAGE RECORD Note: Time starts with pre-trip inspection and ends with post-trip check	DRIVER NAME _____		WHO IS PAYING FOR TRIP Please include the address to send invoice <u>P.O. Box 3591 Midway KY</u>		
	VEHICLE # _____	Date _____	Start Time _____	End Time _____	Start Odometer _____
	End Odometer _____	TOTAL Miles Driven _____	Hours Worked Regular _____ Overtime _____		
	NOTES TO DRIVER CONTACT AFTER HOURS 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 _____				

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

Review/Revised:6/18/2018