

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: VII D DATE: January 27, 2025

TOPIC/TITLE: Use of Buses

PRESENTER:

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:

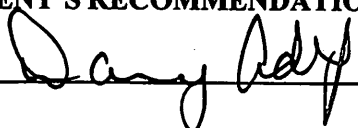
SUMMARY OF MAJOR ELEMENTS:

Approve two requests for use of Woodford County School Buses: Transportation to 4-H Camp (Carlisle, Kentucky; 7/14/25-7/18/25); Field trip for St. Leo (Lexington, Kentucky; 1/30/25)

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:


SUPERINTENDENT'S RECOMMENDATION: ☒ Recommended ☐ Not Recommended



**WOODFORD COUNTY SCHOOLS
OUT OF STATE OR OVERNIGHT
TRAVEL REQUEST**

INDIVIDUAL/STAFF REQUESTING TRIP:	Kyle Hamlin
DATES OF TRIP:	7/14/25-7/18/25
TRIP TO:	North Central 4-H Camp 260 St-1035, Carlisle, KY 40311
METHOD OF TRANSPORTATION:	By buses
ACCOMMODATIONS:	Letting one of the buses be used as a luggage bus.
EDUCATIONAL OBJECTIVE/ CURRICULUM CONNECTIONS:	4-H Camp provides youth grades 4th and up from Woodford County opportunities to develop life skills, explore their sparks and foster lifelong relationships in a residential 5 day/4 night camp setting.
CONFERENCE AGENDA: SEE ATTACHMENT	
NUMBER OF PARTICIPANTS/SCHOOLS: (If more than one school, attach list of participants and their schools.)	130 campers 20 volunteers
TOTAL ESTIMATED COST:	5,000
COST INCLUDES:	Bus travel from Woodford County to Camp.
FUNDING SOURCE:	Woodford County extension Office
FUND MANAGER RECOMMENDATION:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
PRINCIPAL/SUPERVISOR RECOMMENDATION:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
SUPERINTENDENT RECOMMENDATION:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended

Vehicle Request Form

 VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcps.vttt@woodford.kyschools.us		<div style="border: 1px solid black; padding: 2px; display: inline-block;">REV 6-2-18</div>		OFFICE USE ONLY TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____	
REQUEST (NOTE) All outside groups requesting trips must have prior board approval	<u>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE</u>				
	SCHOOL/ORGANIZATION NAME: _____				TRIP DATE: _____
	<u>**NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP**</u> <u>STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST</u>				
	TEACHER CONTACT NAME & PHONE# _____				GROUP NAME & GRADE _____
	TRIP TYPE ROUND TRIP <input type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input type="checkbox"/>		Number of Passengers _____ <i>**2/3 seating only on out of district trips per regulation</i>		STUDENTS _____ ADULTS _____
			BUS WITH LIFT YES <input type="checkbox"/> NO <input type="checkbox"/> LUGGAGE YES <input type="checkbox"/> NO <input type="checkbox"/>		BOARD VEHICLE (VAN) YES <input type="checkbox"/> 8 passengers or less including the driver <input type="checkbox"/> Vehicle Not Required
	DESTINATION NAME ADDRESS _____				
			WHO IS PAYING FOR TRIP Please include the address to send invoice		Munis Funding Code for Trip Cost _____
	TRIP TIME Depart		DEPARTURE TIME DEPART SCHOOL	ARRIVAL TIME Arrive At Location	Educational Purpose: _____
Return		DEPART LOCATION	2:15 CUTOFF RETURN TO SCHOOL		

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 WILLIAM SLONE 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

Request to Place an Item on the AgendaName: Leo LabrillazoAddress: 255 Huntertown RdTelephone number: (859) 873-4591Name of school children attend, if applicable: N/AGroup represented: St. Leo SchoolCheck if request was submitted to: ☒ Superintendent ☐ Board ChairpersonConferred with following administrators (names): N/ADescription of Issue: Use of bus for a Field TripSpecific Action Requested: Use of a bus (or buses if necessary)
for a school field trip to Christ the King Cathedral
in Lexington on Jan. 30 (9am - 11:30am)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 FormEMPLOYEE OR PERSON MAKING REQUEST Leo LabrillazoORGANIZATION, IF ANY, THAT YOU REPRESENT St. Leo School

NATURE OF REQUEST _____

IS THIS REQUEST IN COMPLIANCE WITH ALL DISTRICT POLICIES? ☒ YES ☐ NOWILL THIS REQUEST REQUIRE ANY EXPENDITURE OF DISTRICT FUNDS ☐ YES ☒ NOADMINISTRATOR RECEIVING REQUEST Leo Labrillazo, Principal St. Leo School

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.


12/18/24
DATELeo M Labrillazo
BUILDING PRINCIPAL'S SIGNATURE

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

St. Leo School
255 Hantertown Rd
ADDRESS(857) 873-4591
TELEPHONE12/18/24
DATELeo M Labrillazo
SIGNATURE OF PERSON MAKING REQUEST

Review/Revised: 7/18/11

Vehicle Request Form

 WOODFORD COUNTY PUBLIC SCHOOLS <i>When God Made Us</i>		VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 <u>wcps.vttt@woodford.kyschools.us</u>				<div style="border: 1px solid black; padding: 2px;">REV 6-2-18</div>		OFFICE USE ONLY TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____								
		TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE														
REQUEST (NOTE) All outside groups requesting trips must have prior board approval	SCHOOL/ORGANIZATION NAME: <u>St. Leo School</u>						TRIP DATE: <u>Jan. 30, 2025</u>									
	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 <u>St. Leo School 3rd-8th</u>									
	TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) _____			Number of Passengers <u>54</u> STUDENTS <u>6</u> ADULTS <small>**2/3 seating only on out of district trips per regulation</small>		BUS WITH LIFT YES _____ NO <input checked="" type="checkbox"/> LUGGAGE YES _____ NO <input checked="" type="checkbox"/> BOARD VEHICLE (VAN) YES _____ 8 passengers or less including the driver <input checked="" type="checkbox"/> Vehicle Not Required										
	DESTINATION NAME ADDRESS <u>Christ the King Cathedral</u> <u>299 Colony Blvd Lexington</u>															
	TRIP TIME Depart <u>9:00</u>		DEPARTURE TIME DEPART SCHOOL <u>9:00</u>		ARRIVAL TIME Arrive At Location <u>9:45</u>		WHO IS PAYING FOR TRIP Please include the address to send invoice <u>St. Leo School</u>		Munis Funding Code for Trip Cost							
Return DEPART LOCATION <u>11:15</u>		DEPART LOCATION <u>11:15</u>		2:15 CUTOFF RETURN TO SCHOOL <u>11:45</u>		ADDRESS <u>255 Huntertown Rd</u> <u>Versailles 40383</u>		Educational Purpose: <u>ALL-Schools Mass</u>								
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.															
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	Have the teacher/chaperone sign this form that these procedures have been reviewed with all passengers.															
SIGNATURE OF TEACHER _____																

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