

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: VII D **DATE:** February 24, 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:

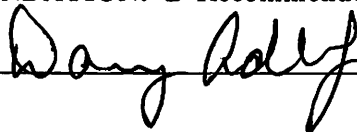
SUMMARY OF MAJOR ELEMENTS:

Approve two requests for use of Woodford County School Buses: Versailles Baptist Church, Transportation to Crossings Camp (Bagdad, Kentucky; 7/13/25-7/17/25); Versailles Baptist Church, Transportation to Crossings Camp (Hardin, Kentucky; 6/15/25-6/19/25).

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:

SUPERINTENDENT'S RECOMMENDATION: ☒ Recommended ☐ Not Recommended



POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.45 AP.2
(CONTINUED)

Request Form

EMPLOYEE OR PERSON MAKING REQUEST Kevin Hash, Emily Hughes
ORGANIZATION, IF ANY, THAT YOU REPRESENT Versailles Baptist Church
NATURE OF REQUEST Use of school buses for two trips
over the summer of 2025.

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 Jessie 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.

DATE

BUILDING PRINCIPAL'S SIGNATURE

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

125 E. Green Street,

859-873-7338

TELEPHONE

Versailles, KY 40383

ADDRESS

07/12/2025

DATE

Emily Hughes

SIGNATURE OF PERSON MAKING REQUEST

Review/Revised: 7/18/11

Request to Place an Item on the AgendaName: Emily Hughes - Versailles Baptist ChurchAddress: 125 E Green Street, Versailles, KY 40383Telephone number: 859-873-7338

Name of school children attend, if applicable: _____

Group represented: VBC Student MinistryCheck if request was submitted to: ☐ Superintendent ☐ Board ChairpersonConferred with following administrators (names): Sandy Zeefe, Jessie Rainburn and Joanna Stewart.


Description of Issue: Requesting the use of school buses for two summer camp trips, for VBC students. The first trip is from 6/15/25 - 6/19/25 to Jonathan Creek at Crossings Camp. The second trip is from 7/13/25 - 7/17/25 to Cedar Moore at Crossings Camp.

Specific Action Requested: Use of school buses for two summer trips.

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.

Vehicle Request Form

 VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 <u>wcps.vttt@woodford.kyschools.us</u>		REV 6-2-18		OFFICE USE ONLY												
				TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____												
REQUEST	<u>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE</u> SCHOOL/ORGANIZATION NAME: <u>Versailles Baptist Church</u>					TRIP DATE: <u>7/13/2025 -</u> <u>7/17/2025</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# <u>Emily Hughes</u> <u>610-216-0799</u>					GROUP NAME & GRADE <u>VBC 6th - 8th</u>										
	TRIP TYPE ROUND TRIP <input type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input checked="" type="checkbox"/> <u>x2</u>			Number of Passengers <u>STUDENTS 52</u> <u>ADULTS 8</u> <small>**2/3 seating only on out of district trips per regulation</small>		BUS WITH LIFT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LUGGAGE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> BOARD VEHICLE (VAN) YES <input type="checkbox"/> <small>8 passengers or less including the driver</small> <input type="checkbox"/> Vehicle Not Required										
	DESTINATION NAME ADDRESS <u>Crossings Camp, 3083 Cedarmore Rd, Bagdad, KY 40003</u> <u>(Cedarmore camp)</u>															
	TRIP TIME Depart <u>7/13/25</u>		DEPARTURE TIME DEPART SCHOOL <u>Be @ VBC by 2 pm</u>		ARRIVAL TIME Arrive At Location <u>3 pm</u>											
	Return <u>7/17/25</u>		DEPART LOCATION <u>Be @ Camp by 9am</u>		WHO IS PAYING FOR TRIP Please include the address to send invoice <u>VBC</u>											
			2:15 CUTOFF RETURN TO SCHOOL ADDRESS <u>125 E. Green St</u> <u>Versailles, KY 40383</u>		Munis Funding Code for Trip Cost Educational Purpose: _____											
DRIVER TIMESHEET and MILEAGE RECORD	DRIVER NAME															
	VEHICLE #		Date		Start Time		End Time		Start Odometer		End Odometer		TOTAL Miles Driven		Hours Worked	
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

STUDENTS

09.36 AP.21

Vehicle Request Form

 VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcpss.vttt@woodford.kyschools.us		REV 6-2-18		OFFICE USE ONLY TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____																																							
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TEACHER CONTACT NAME & PHONE# <u>Emily Hughes 610-216-0799</u>				GROUP NAME & GRADE <u>VBC 9th - 12th</u>																																							
TRIP TYPE ROUND TRIP <input type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input checked="" type="checkbox"/> x2		Number of Passengers STUDENTS <u>61</u> ADULTS <u>9</u> <small>**2/3 seating only on out of district trips per regulation</small>		BUS WITH LIFT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LUGGAGE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> BOARD VEHICLE (VAN) YES <input type="checkbox"/> <small>8 passengers or less including the driver</small> <input type="checkbox"/> Vehicle Not Required																																							
DESTINATION NAME ADDRESS <u>Crossings Camp, 3043 Beal Rd, Hardin, KY 42048 (Jonathan Creek)</u>																																											
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DRIVER NAME _____																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">VEHICLE #</th> <th rowspan="2">Date</th> <th rowspan="2">Start Time</th> <th rowspan="2">End Time</th> <th rowspan="2">Start Odometer</th> <th rowspan="2">End Odometer</th> <th rowspan="2">TOTAL Miles Driven</th> <th colspan="2">Hours Worked</th> </tr> <tr> <th>Regular</th> <th>Overtime</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked		Regular	Overtime																											
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