OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

8005.01F

Related to Policy 8005, 4055, 8005AR, 8005 001F

| OVERNIGHT [V] | (Same day but extends beyond the school day) | DAY TRIP ONLY | | |
|---|---|-------------------------------|--|--|
| School: SOUTH OLDHAM HIGH SCI | | | | |
| | | Group: BOYS BASKETBALL | | |
| Destination: TBD | | | | |
| Date(s) of Trip: TBD | Time of Departure: TBD | Time of Return: TBD | | |
| Approximate Mileage (one way): | TBD* | | | |
| Approximate Number of Students: | 15 | | | |
| Number of Chaperones/Adults: | 4 | | | |
| TOTAL TRANSPORTED: 1 Number of Buses: 1 | * | Ja. 4. 2 | | |
| Number of Buses: 1 | | | | |
| *{44 Person Maximum for MS/HS} {60 Person *These numbers include both students and all | <i>on Maximum for ELEM}</i> Il adults (bus driver, teachers, coaches, chapero | | | |
| Method of Transportation (if not by scho | ool bus): BUS OR PARENTS WILL TR | ANSPORT | | |
| *All tolls are the responsibility of the school | | this form* | | |
| Trip Required or Optional: OPTIONAL | | | | |
| If optional, indicate student charges: Transportation (mileage Admissions Other | SS SS Al Charges S | | | |
| Number of Instructional Days Lost: 0 | | | | |
| | What is to be learned? How will the expe | rience be used and evaluated? | | |
| Requested by: JOE RICHIE | | Date: 02/20/2025 | | |
| | APPROVAL/DISAPPROVAL | | | |
| Approved/Disapproved: Meus | a Wooking, Principal | Date: 2-20-25 | | |
| Approved/Disapproved: | M. Level Di | rector Date: 3-20-25 | | |
| Approved/Disapproved: | , Superinte | endent Date: | | |
| *Field trips in excess of a 60-mile radius of the Ba *ALL Overnight Field Trips and trips using Comm | pard office require the approval of the Superintende ion Carriers must be approved by the school board | nt. and Superintendent. | | |
| Unon anneaval, the school will receive an anneava- | d form from the Superintendent * | | | |

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FIELD TRIP BUS REQUEST FORM

8005.01F

Related to Policy 8005, 4055-8005AR: 8005-001F

| OVERNIGHT 🗹 | | NDED DAY | | DAY TRIP ONLY | |
|--|-------------------------------------|--------------------------------------|-------------------------|------------------------|--|
| School: SOUTH OLDHAM HIGH S | | y hut extends beyond th | е яснові шау) | | |
| Employee(s) In Charge: KRYSTAL HATCHETT | | | Group: GIRLS BASKETBALL | | |
| Destination: TBD | | | | | |
| Data (a) a service. TBD | Time of Departure: TBD Time of R | | Return: TBD | | |
| Approximate Mileage (one way): | TOD | * | | | |
| Approximate Number of Students: | 15 | | | | |
| Number of Chaperones/Adults: | | | | | |
| TOTAL TRANSPORTED: | | * | | | |
| Number of Buses:1 | | | | | |
| *{44 Person Maximum for MS/HS} {60 Pe *These numbers include both students and | all adults (bus | driver, teachers, coac | | | |
| Method of Transportation (if not by sc | hool bus): BU | IS OR PARENTS | WILL TRANSPO | ORT | |
| *Common Carriers must be Board approv. *All tolls are the responsibility of the school | ed and should h ol or group requ | ave the 8005.02F acuesting the trip. | companying this fort | n* · | |
| Trip Required or Optional: OPTIONA | \L | | | | |
| If optional, indicate student charges: Transportation (mile Admissions Other | | \$ \$ \$ | | | |
| To | otal Charges | \$ | | | |
| Number of Instructional Days Lost: 0 | | | | | |
| Justification: Why is the trip necessary STATE FINALS | /? What is to b | e learned? How w | ill the experience t | be used and evaluated? | |
| equested by: JOE RICHIE | | | Date: 02/20/2025 | | |
| | APPROV | AL/DISAPPROV | AL | | |
| Approved/Disapproved: | sià Ur | Tosein | _, Principal | Date: 2-20-25 | |
| Approved/Disapproved: | M.A. | me J | _, Level Director | Date: 3-20-25 | |
| Approved/Disapproved: | () | | _, Superintendent | Date: | |
| *Field trips in excess of a 60-mile radius of the *ALL Overnight Field Trips and trips using Con | | | | rintendent. | |
| Upon approval the school will receive an appro- | wed form from the | e Surerintendent * | | | |