

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: VII G **DATE:** May 19, 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:

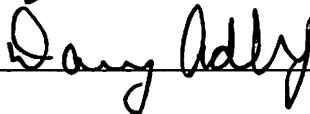
SUMMARY OF MAJOR ELEMENTS:

Approve two requests for use of Woodford County School Buses: Woodford County Reading Club, Transportation to Summer activities (St. Johns Episcopal Church, 6/23/25,6/25/25,6/27/25).

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 JULIE ROSS

ORGANIZATION, IF ANY, THAT YOU REPRESENT 210 N. MAIN, VERSAILLES, KY

NATURE OF REQUEST The Reading Club would like to use Woodford Co. buses to transport children and chaperones to and from educational activities that support our program.

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.

DATE

BUILDING PRINCIPAL'S SIGNATURE

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

JULIE ROSS

859-806-7626

TELEPHONE

210 N. MAIN, VERSAILLES
ADDRESS

4-30-25


DATE

Julie Ross

SIGNATURE OF PERSON MAKING REQUEST

Review/Revised: 7/18/11

Vehicle Request Form

 VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcpss.vttt@woodford.kyschools.us		<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							
SCHOOL/ORGANIZATION NAME: <u>Woodford Co. Reading Club</u> **NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP** STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST						TRIP DATE: <u>6-23-25</u>	
TEACHER CONTACT NAME & PHONE# <u>JULIE ROSS 859-806-7626</u>						GROUP NAME & GRADE <u>Reading Camp 4-5</u>	
TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input type="checkbox"/>		Number of Passengers <u>18</u> <small>**2/3 seating only on out of district trips per regulation</small>		STUDENTS <u>18</u> ADULTS <u>5</u>		BUS WITH LIFT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LUGGAGE YES <input type="checkbox"/> NO <input checked="" 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>Life Adventure Center</u> <u>570 Milner Road</u> <u>Versailles, 40383</u>							
TRIP TIME Depart <u>12:00</u> Return <u>4:30</u>		DEPARTURE TIME DEPART SCHOOL <u>St. John's church</u> DEPART LOCATION <u>4:30</u>		ARRIVAL TIME Arrive At Location <u>12:30</u> 2:15 CUTOFF RETURN TO SCHOOL <u>5:00</u>		WHO IS PAYING FOR TRIP Please include the address to send invoice <u>St. John's Episcopal Church</u> ADDRESS <u>210 N. Broadway</u> <u>Versailles, 40383</u>	
						Munis Funding Code for Trip Cost Educational Purpose: <u>Team building, learn to work together</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 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 <u>[Signature]</u>	
	RELATED PROCEDURE: 04.31 AP.2 (DISTRICT PROCUREMENT CARDS)	

Vehicle Request Form
**VEHICLE REQUEST FORM
TRANSPORTATION**
859-879-4647

REV 6-2-18

wcps.vttt@woodford.kyschools.us

OFFICE USE ONLY

 TRIP NUMBER _____
 ENTERED _____
 SCHEDULED _____
 COMPLETED _____
TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATESCHOOL/ORGANIZATION NAME: Woodford Co Reading
CenterTRIP DATE: 6-25-25
 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#

JULIE ROSS 859-806-7626

GROUP NAME & GRADE

Reading Camp 4-5**TRIP TYPE**ROUND TRIP ☒ (Driver stays with group)

OR

ONE WAY (D&R) ☐Number of
Passengers
 **2/3 seating only on
out of district trips
per regulation
STUDENTS 18ADULTS 5

BUS WITH LIFT

YES ☐ NO ☒

LUGGAGE

YES ☐ NO ☒

BOARD VEHICLE

(VAN) YES ☐

8 passengers or less including the driver

☐ Vehicle Not RequiredDESTINATION
NAME
ADDRESS
Newton's Attic
4974 Old U.S. Hwy 60, Lexington, KY 40510

TRIP TIME

DEPARTURE
TIME

ARRIVAL TIME

 WHO IS PAYING FOR
TRIP
Please include the address
to send invoice
Munis Funding Code for Trip
Cost

Depart

1:00

DEPART SCHOOL

W.D. St. John's Church

Arrive At Location

1:20St. John's Episcopal Church

Return

4:00

DEPART LOCATION

Newton's Attic
 2:15 CUTOFF
RETURN TO
SCHOOL
4:20

ADDRESS

210 N Main
Versailles, KY 40383

Educational Purpose:

Science education

REQUEST

(NOTE) All outside groups requesting trips must have prior board approval

DRIVER TIMESHEET and
MILEAGE RECORD

DRIVER NAME

VEHICLE #

Date

Start Time

End Time

Start Odometer

End
OdometerTOTAL
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 Julie Ross

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

Review/Revised: 6/18/2018

Vehicle Request Form

 WOODFORD COUNTY PUBLIC SCHOOLS Where Kids Win!		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 _____	
		TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE						TRIP DATE: <u>6-27-25</u>	
REQUEST (NOTE) All outside groups requesting trips must have prior board approval		SCHOOL/ORGANIZATION NAME: <u>Woodford Co. Reading Club</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>JULIE ROSS 859-800-7626</u>						GROUP NAME & GRADE <u>Reading Camp 4-5</u>	
		TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input type="checkbox"/>			Number of Passengers <u>STUDENTS 18</u> <u>ADULTS 5</u> <small>**2/3 seating only on out of district trips per regulation</small>			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 <u>Salato Wildlife Center</u> <u>1 Sportsman's Lane, Frankfort, Ky, 40601</u>							
TRIP TIME Depart <u>12:00</u> Return <u>4:15</u>		DEPARTURE TIME DEPART SCHOOL <u>St. John's Church</u> DEPART LOCATION <u>Salato</u>		ARRIVAL TIME Arrive At Location <u>12:30</u> 2:15 CUTOFF RETURN TO SCHOOL <u>4:45</u>		WHO IS PAYING FOR TRIP Please include the address to send invoice <u>St. John's Episcopal Church</u> ADDRESS <u>210 N Main St</u> <u>Versailles Ky 40383</u>		Munis Funding Code for Trip Cost Educational Purpose: <u>Science Education</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 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 <u>Julie Ross</u>	
	RELATED PROCEDURE: 04.31 AP.2 (DISTRICT PROCUREMENT CARDS)	