

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: VII H **DATE:** July 28, 2025

TOPIC/TITLE: Use of Buses

PRESENTER: Transportation

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:

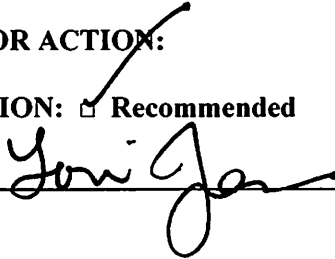
SUMMARY OF MAJOR ELEMENTS:

Approve two requests for use of Woodford County School Buses: Woodford County Extension, Transportation to UK Research Farm (7/28/25); Early Explorers in Home Child Care, Transportation to Eckerts Orchard (10/17/25) and Lexington Children's Museum (4/17/26).

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 Beau Neal
ORGANIZATION, IF ANY, THAT YOU REPRESENT UK - Woodford County Extension
NATURE OF REQUEST Annual Farm Tour, Bus Use

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.


TELEPHONE

ADDRESS

6-4-25
DATE SIGNATURE OF PERSON MAKING REQUEST

Review/Revised:7/18/11

Vehicle Request Form

 Woodford County Public Schools Where Kids Win!	VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcps.vttt@woodford.kyschools.us				REV 6-2-18		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 County Extension</u> **NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP** STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST								
REQUEST (NOTE) All outside groups requesting trips must have prior board approval	TEACHER CONTACT NAME & PHONE# _____						TRIP DATE: <u>July 28th</u>		
	TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input type="checkbox"/>			Number of Passengers **2/3 seating only on out of district trips per regulation STUDENTS _____ ADULTS <u>200+</u>		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 checked="" type="checkbox"/> Vehicle Not Required	
	DESTINATION NAME ADDRESS <u>Ashford Stuel, UK Research Farm</u>								
	TRIP TIME Depart <u>8:00</u> Return <u>12:00</u>	DEPARTURE TIME <u>8:00</u> DEPART SCHOOL <u>County Park</u>	ARRIVAL TIME <u>8:30</u> Arrive At Location <u>Ashford Stuel</u>	WHO IS PAYING FOR TRIP Please include the address to send invoice <u>WC Extension</u>		Munis Funding Code for Trip Cost _____			
	2:15 CUTOFF RETURN TO SCHOOL		ADDRESS <u>184 Beasley Rd</u> <u>Versailles, KY 40383</u>		Educational Purpose: _____				
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 Form

EMPLOYEE OR PERSON MAKING REQUEST Amanda Walls
ORGANIZATION, IF ANY, THAT YOU REPRESENT Early Explorers ^{in home} ~~childcare~~
NATURE OF REQUEST Needing transportation for
field trips through the year. we have
2 planned as of now. pumpkin patch +
Lex childrens museum. Both less than
20 minutes away.

IS THIS REQUEST IN COMPLIANCE WITH ALL DISTRICT POLICIES? ☒ YES ☐ NOWILL 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.

7/17/25 Amanda Walls
DATE BUILDING PRINCIPAL'S SIGNATURE

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

393 Dunroven Rd (502) 604-3031
TELEPHONE

Versailles KY 40383
ADDRESS

7/17/25 Amanda Walls
DATE SIGNATURE OF PERSON MAKING REQUEST

Review/Revised: 7/18/11

Request to Place an Item on the AgendaName: Amanda Walls (Early Explorers In Home Childcare)Address: 393 Dunnoven Rd, Versailles KY 40383Telephone number: (502) 604-3031Name of school children attend, if applicable: Early Explorers ChildcareGroup represented: Early ExplorersCheck if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): _____


Description of Issue: Field trip transportation.

Specific Action Requested: Early Explorers Childcare is a certified in-home childcare. I am in need of transportation for a few field trips for the year. At this time, we have two planned. The pumpkin patch, and lex Childrens Museum. Both less than 30 min. away. This will be for around 20 kids in total. (Partnering w/ Liburg Location)

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 wcpss.vttt@woodford.kyschools.us		REV 6-2-18		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>Early Explorers</u> <u>In-home childcare</u> <small>**NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP**</small> <small>STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST</small>				TRIP DATE: <u>4/17/26</u>	
		TEACHER CONTACT NAME & PHONE# _____				GROUP NAME & GRADE _____	
		TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input type="checkbox"/>		Number of Passengers <small>**2/3 seating only on out of district trips per regulation</small> STUDENTS <u>20</u> ADULTS <u>8</u>		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"/> <small>8 passengers or less including the driver</small> <input type="checkbox"/> Vehicle Not Required	
		DESTINATION NAME _____ ADDRESS _____					
		TRIP TIME Depart <u>930</u> Return <u>200</u>		DEPARTURE TIME DEPART SCHOOL <u>930</u> DEPART LOCATION <u>130</u>		ARRIVAL TIME Arrive At Location <u>10am</u> <u>2:15 CUTOFF</u> RETURN TO SCHOOL <u>2:00</u>	
		WHO IS PAYING FOR TRIP Please include the address to send invoice <u>Amanda Walls</u> ADDRESS <u>393 Dunroven Rd 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 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

Vehicle Request Form

 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															
REQUEST (NOTE) All outside groups requesting trips must have prior board approval	SCHOOL/ORGANIZATION NAME: <u>Early Explorers</u> <u>In home childcare.</u> <small>**NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP**</small> <small>STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST</small>								TRIP DATE: <u>10/17/25</u>							
	TEACHER CONTACT NAME & PHONE# <u>Amanda Walls (502) 404 3031</u>								GROUP NAME & GRADE							
	TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input type="checkbox"/>				Number of Passengers <small>**2/3 seating only on out of district trips per regulation</small> STUDENTS <u>20</u> ADULTS <u>8</u>		BUS WITH LIFT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LUGGAGE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (lunch)		BOARD VEHICLE (VAN) YES <input type="checkbox"/> 8 passengers or less including the driver <input type="checkbox"/> Vehicle Not Required							
	DESTINATION NAME <u>Eckerts Orchard</u>		ADDRESS <u>1346 pinckard pike, versailles ky 40383.</u>													
	TRIP TIME Depart <u>9:45</u> Return <u>2:00</u>		DEPARTURE TIME DEPART SCHOOL <u>9:45</u> DEPART LOCATION <u>1:45</u>		ARRIVAL TIME Arrive At Location <u>10am</u> 2:15 CUTOFF RETURN TO SCHOOL <u>2:00</u>		WHO IS PAYING FOR TRIP Please include the address to send invoice <u>Amanda Walls</u> ADDRESS <u>393 Dunroven Rd. 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 Regular _____ Overtime _____	
NOTES TO DRIVER		CONTACT AFTER HOURS WILLIAM SLONE 859-621-0402														
DRIVER SIGNATURE _____																
BUS EVACUATIO	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