# WOODFORD COUNTY BOARD OF EDUCATION AGENDA ITEM

ITEM #: VII H DATE: July 28, 2025
TOPIC/TITLE: Use of Buses
PRESENTER: Transportation
ORIGIN:
<ul> <li>□ TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)</li> <li>□ ACTION REQUESTED AT THIS MEETING</li> <li>□ ITEM IS ON THE CONSENT AGENDA FOR APPROVAL</li> <li>□ ACTION REQUESTED AT FUTURE MEETING: (DATE)</li> <li>□ BOARD REVIEW REQUIRED BY</li> </ul>
STATE OR FEDERAL LAW OR REGULATION BOARD OF EDUCATION POLICY OTHER:
PREVIOUS REVIEW, DISCUSSION OR ACTION:
<ul> <li>□ NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION</li> <li>□ PREVIOUS REVIEW OR ACTION</li> </ul>
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

## **Request Form**

EMPLOYEE OR PERSON MAKING REQUES	T Beau Neal	,	
ORGANIZATION, IF ANY, THAT YOU REPR		Count	1 Extensión
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		·	
IS THIS REQUEST IN COMPLIANCE WITH A	ALL DISTRICT POLICIES?	□ YES	□NO
WILL THIS REQUEST REQUIRE ANY EXPE	NDITURE OF DISTRICT FUNDS	☐ YES	□ NO
ADMINISTRATOR RECEIVING REQUEST _			
IF THIS REQUEST IF ORIGINATING FROM A USE OF A PARTICULAR SCHOOL, TH APPROVAL BY SIGNING BELOW.	A PARTICULAR SCHOOL OR IS E BUILDING PRINCIPAL MU	REQUEST ST RECO	ING THE MMEND
DATE	BUILDING PRINCIPAL'S	SIGNATU	RE
THE PERSON MAKING THIS REQUEST			
TELEPHONE NUMBER LISTED BELOW.			
	TELEPHONE		
	_		
ADDRESS			
6-425	ISA 1		
DATE	SIGNATURE OF PERSON MAI	KING REQ	UEST

Review/Revised:7/18/11

# Vehicle Request Form

VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 Where Kids Wint Wcps.vttt@woodford.kyschools.us										ENTE SCHE	NUMBE	use only R	<u> </u>
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ST	ONE WAY (D	kR)		per regula						Vehicle Not Requ			Not Required
REQUEST questing trips m	DESTINATION NAME	1-2.0	, (	C7 /	112	Do		ch Farm					
E E	ADDRESS	7834708	2/ -	ruel,	VIC			PAYING FO	-				
		DEPARTUR	JE.	4 22 27 27		:		TRIP					
0.5	TRIP TIME	TIME		RRIVAL TIME Please include the address to send invoice			ess	Munis Funding Code for Trip			or Trip		
utstd	Depart	DEPART SCHOOL	DL.		t Location	On ( ) ( ) ( ) ( )		$\dashv$	Cost				
REQUEST NOTE) All outside groups requesting trips must have prior board approval	8:00			Ashford	Stref WC Extension								
(OTE	Return	DEPART LOCA	TION	2:15 C	UTOFF ADDRESS		$\overline{A}$	Educational Purpose:		pose:			
_ E	12:00	Conviy Par	%	SCHOOL		189	H Boustey Rd Exailles, by 403			63			
		1					sa	illes, PY 9	1030	)			
1	DRIVER NAM	/IE											
and	VEHICLE#	Date	Sta	rt Time	End T	ime	Sta	ırt Odometer	_	End ometer	TOTAL Miles	Hours	Worked Overtime
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ESHEET and RECORD		,	<del> </del>										
	NOTES				_								
IVER TIM MILEAGE	TO DRIVER												
DRIVER TIN MILEAGE	CONTACT AFTER HOURS WILLIAM SLONE 859-621-0402												
Ω.	DRIVER SIGNA												
0				EN				UATION					
BUS EVACUATIO	Co	mplete the drill if a	ny pass	enger has	not perfor	ILL/RE med an	emer	gency evacuation	on tra	ining dri	il this scho	ol year.	•
BUS ACUA	•	have performed a		emergenc	v. Review	the exit	s and	how they opera	ıte.				de in an
Have the teacher/chaperone sign this form that these procedures have been r SIGNATURE OF TEACHER							revie	wed with	all passen	gers.			

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

# Request Form

EMPLOYEE OR PERSON MAKING REQUEST	Amanda Walls
ORGANIZATION, IF ANY, THAT YOU REPR	ESENT Early Explorers in home child care
NATURE OF REQUEST Needing	
field typs through	the year. We have
2 planned as of no.	v. pumpkin patch +
Lex childrens museur	,
20 minutes away.	
<b>3</b> (0) (1)	
IS THIS REQUEST IN COMPLIANCE WITH A	LL DISTRICT POLICIES? ☑ YES ☐ ŅO
WILL THIS REQUEST REQUIRE ANY EXPEN	NDITURE OF DISTRICT FUNDS TYES TO NO
ADMINISTRATOR RECEIVING REQUEST	
USE OF A PARTICULAR SCHOOL, THI	A PARTICULAR SCHOOL OR IS REQUESTING THE E BUILDING PRINCIPAL MUST RECOMMEND
APPROVAL BY SIGNING BELOW.	
7/17/25	aniade Walls
DATE	BUILDING PRINCIPAL'S SIGNATURE
THE PERSON MAKING THIS REQUEST TELEPHONE NUMBER LISTED BELOW.	CAN BE CONTACTED AT THE ADDRESS OR
393 Dunnoven Rd	(502) 604·3031
0	TELEPHONE
versailles ky 40383 ADDRESS	•
7/17/25	amarde Wallow
DATE	SIGNATURE OF PERSON MAKING REQUEST

Review/Revised:7/18/11

## Request to Place an Item on the Agenda

Name: Amanda Walls (Early Explorers In Home Childcare, Address: 393 Dunnoven Rd, Versailles Ky 40383
Address: 393 Dunnoven Rd, Versailles Ky 40383
Telephone number: (502) 604.3031
Name of school children attend, if applicable: Early Explorers Children
Group represented: Farly Explorers
Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson
Conferred with following administrators (names):
Description of Issue: Reld 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)
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 micro

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.

BOARD VEHICLE (VAN) YES 8 passengers or less Including the driver Vehicle Not Required

Munis Funding Code for Trip

Cost

Educational Purpose:

	STODENTO	Vehicle Re	equest Form	07.30711.2
and Cou	859	REQUEST FORM SPORTATION 2-879-4647 bodford.kyschools.u	REV 6-2-18	OFFICE USE ONLY TRIP NUMBER ENTERED SCHEDULED COMPLETED
approval	TRIP REQUEST ARE DUE IS SCHOOL/ORGANIZATION N  SCHOOL/ORGANIZATION N  **NOTIFY SCHOOL NURSE W STUDENT & ADULT RIDER LIST A  TEACHER CONTACT NAME &	NAME: Early - QYC VITH LIST OF STUDENTS RE REQUIRED TO BE AT	Explovers  PRIOR TO THE TRIP**	TRIP DATE: 4 17
REQUEST requesting trips must have prior board approval	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_QO_ ADULTS	BUS WITH LIFT YES NO (VAN) YI LUGGAGE YES NO The local services of
REQUEST ps requesting trips m	DESTINATION NAME ADDRESS  DEPARTURE		WHO IS PAYING FOR TRIP	

ARRIVAL TIME

Arrive At Location oam 2:15 CUTOFF

RETURN TO SCHOOL

	DRIVER NA	ME							
	AIRMAN N. II					End	TOTAL	Hours	Worked
THE WAY	VEHICLE #	Date	Start Time	End Time	Start Odometer	Odometer	Miles Driven	Regular	Overtime
1000									
SCHOOLS									
	NOTES TO DRIVER								
		CONTACT AFT WILLIAM SLOT	ER HOURS NE 859-621-0402		11 12 12		7		

Please include the address

to send invoice

Rd versailles

EVACUATIO

(NOTE) All outside group

TRIP TIME

Depart

Return

TIME

DEPART SCHOOL

DEPART LOCATION

120

## **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

DRIVER SIGNATURE

#### Vehicle Request Form

Mord County Public Co
My Carry
Where Kids Win!

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

REOUEST

#### VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647

weps.vttt@woodford.kyschools.us

REV 6-2-18

OFFICE USE ONLY TRIP NUMBER

ENTERED

SCHEDULED COMPLETED

はない はんしんけい はない はない ないかい	SCHOOL/ORGANIZATION NAME: EQV & EXPLOYERS  NOME COLORS WITH LIST OF STUDENTS PRIOR TO THE TRIP**  STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST	TRIP DATE: 10/17/25
1		

TEACHER CONTACT NAME & PHONE#

AMONGO Walls (500) 604 3031

GROUP NAME & GRADE

TRIP TYPE
ROUND TRIP
with group)
OR
ONE WAY (D&R)

Number of
Passengers

\*\*2/3 seating only on
out of district trips
per regulation

STUDENTS 20
ADULTS 8

BUS WITH LIFT
YES NO (VAN) YES
LUGGAGE
YES NO INCLUDING THE PROPERTY OF THE PR

YES 図 NO Including the driver (山いてい) Vehicle Not Required

DESTINATION Eckerts Orchard
NAME
ADDRESS 1396 pinckard Pi

1396 pinckard Pike, versailles ky 40383.

TRIP TIME	DEPARTURE TIME	ARRIVAL TIME	TRIP Please include the address to send invoice
Depart	DEPART SCHOOL	Arrive At Location	Amanda Walls
945	945	10am	
		2:15 CUTOFF	ADDRESS

Munis Funding Code for Trip Cost

 Return
 DEPART LOCATION
 2:15 CUTOFF RETURN TO SCHOOL
 393 is Red. V

 2:00
 1:45
 2:00
 Rd. V

 XY 40
 Results of R

393 Dunmen Rd. Versailles KY 40383 Educational Purpose:

DRIVER TIMESHEET and MILEAGE RECORD

EVACUATIO

DRIVER NAME TOTAL Hours Worked End VEHICLE # Date Start Time End Time Start Odometer Miles Odometer Regular Overtime Driven NOTES TO DRIVER

> CONTACT AFTER HOURS WILLIAM SLONE 859-621-0402

DRIVER SIGNATURE

DRIVER SIGNATURE

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SIGNATURE OF TEACHER

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