

OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

8005.01F

Related to: Policy 8005, 4055, 8005AR; 8005.001F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: STEVE SIMPSON

Group: BOYS BASKETBALL

Destination: LEXINGTON

Date(s) of Trip: JUNE 23

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 72 \*

Approximate Number of Students: 24

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 20 \*

Number of Buses: 1

\*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): BUS OR PARENTS WILL TRANSPORT

\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\*

\*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: OPTIONAL

If optional, indicate student charges:

Transportation (mileage, driver) \$ \_\_\_\_\_

Admissions \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Charges \$ \_\_\_\_\_

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

BASKETBALL CAMP

Requested by: JOE RICHIE

Date: 05/27/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melvin Woody, Principal

Date: 6-17-25

Approved/Disapproved: [Signature], Level Director

Date: 6/23/25

Approved/Disapproved: [Signature], Superintendent

Date: 6/23/25

\*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.

\*ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.

Upon approval, the school will receive an approved form from the Superintendent. \*

Adopted

Oldham County Board of Education

September 2, 1980

Revised: February 1, 1985, September 1991, April 29, 1996, June 19, 1998, June 9, 1999, November 23, 1999, April 2, 2001, March 25, 2004, March 22, 2005, July 27, 2005, August 10, 2006, June 28, 2007, March 11, 2008, July 16, 2008, February 4, 2014, July 17, 2015, January 6, 2017, January 18, 2019

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DAY TRIP ONLY ☐

School: South Oldham High School

Employee(s) In Charge: Peyton Fransen

Group: Dance Team

Destination: University of Louisville UDA Camp

Date(s) of Trip: 7/10-7/13/25

Time of Departure: 8:30 AM

Time of Return: 1:00 PM

Approximate Mileage (one way): 22 miles \*

Approximate Number of Students: 14

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 16 \*

Number of Buses: 0

\*(44 Person Maximum for MS/HS) (60 Person Maximum for ELEM)

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): Parent transport

\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form \*

\*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: Optional

If optional, indicate student charges:

Transportation (mileage, driver) \$ 0

Admissions \$ 447

Other \$ 0

Total Charges \$ 447

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

Dance camp will help improve technique and help team members grow as athletes. It will also allow the team to learn routines that will be performed at football and basketball games later in the year.

Requested by: Peyton Fransen

Date: 5/27/25

APPROVAL/DISAPPROVAL

Approved/Disapproved: Meena Woods Principal

Date: 5-27-25

Approved/Disapproved: [Signature] Level Director

Date: 6/23/25

Approved/Disapproved: [Signature] Superintendent

Date: 6/25/25

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JUL 28 2025

FIELD TRIP BUS REQUEST FORM

8005.01F

Related to: Policy 8005, 4055, 8005AR; 8005.001F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: KENNY BURKE

Group: GIRLS SOCCER

Destination: NOTRE DAME ACADEMY

Date(s) of Trip: AUGUST 16 2025

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 71 \*

Approximate Number of Students: 35

Number of Chaperones/Adults: 5

TOTAL TRANSPORTED: 40 \*

Number of Buses: 1

\*(44 Person Maximum for MS/HS) (60 Person Maximum for ELEM)

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): BUS OR PARENTS WILL TRANSPORT

\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\*

\*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: OPTIONAL

If optional, indicate student charges:

Transportation (mileage, driver) \$ \_\_\_\_\_

Admissions \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Charges \$ \_\_\_\_\_

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

SOCCER MATCH

Requested by: JOE RICHIE

Date: 07/02/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Woolley, Principal Date: 7-2-25

Approved/Disapproved: M. Jemel, Level Director Date: 7/10/25

Approved/Disapproved: \_\_\_\_\_, Superintendent Date: \_\_\_\_\_

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8005.01F

Related to: Policy 8005, 4055, 8005AR; 8005.001F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: STAN CLARK Group: XC

Destination: RICHMOND HS (IN)

Date(s) of Trip: 8/22-8/24/2025 Time of Departure: TBD Time of Return: TBD

Approximate Mileage (one way): 138 \*

Approximate Number of Students: 20

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 24 \*

Number of Buses: 1

\*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): BUS OR PARENTS WILL TRANSPORT

\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\*

\*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: OPTIONAL

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

OVERNIGHT TRIP

Requested by: JOE RICHIE Date: 07/02/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: Maria Woody, Principal Date: 7-2-25

Approved/Disapproved: M. June, Level Director Date: 7/10/25

Approved/Disapproved: \_\_\_\_\_, Superintendent Date: \_\_\_\_\_

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OCBE MTG

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FIELD TRIP BUS REQUEST FORM

8005.01F

Related to: Policy 8005, 4055, 8005.01R; 8005.001F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: HANA PRIDDY

Group: FIELD HOCKEY

Destination: ST LOUIS

Date(s) of Trip: AUG 29-31 2025

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 300 \*

Approximate Number of Students: 30

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 33 \*

Number of Buses: 0

\*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): PARENTS WILL TRANSPORT

\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\*

\*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: OPTIONAL

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

FH TOURNEY

Requested by: JOE RICHIE

Date: 07/02/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: M. J. [Signature], Principal Date: 7-2-25

Approved/Disapproved: M. J. [Signature], Level Director Date: 7/10/25

Approved/Disapproved: [Signature], Superintendent Date:

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# OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION

## FIELD TRIP BUS REQUEST FORM

8005.01F

Related to: Policy 8005, 4055, 8005.4R; 8005.001F

OVERNIGHT ☒EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐School: SOUTH OLDHAM HIGH SCHOOLEmployee(s) In Charge: CHRIS CUNNINGHAMGroup: BOYS GOLFDestination: UNIVERSITY CLUB OF KENTUCKYDate(s) of Trip: SEPT 13-14 2025Time of Departure: TBDTime of Return: TBDApproximate Mileage (one way): 61 \*Approximate Number of Students: 10Number of Chaperones/Adults: 3TOTAL TRANSPORTED: 13 \*Number of Buses: 0

\*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): PARENTS WILL TRANSPORT

\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\*

\*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: OPTIONAL

If optional, indicate student charges:

Transportation (mileage, driver) \$ \_\_\_\_\_

Admissions \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Charges \$ \_\_\_\_\_

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

GOLF MATCHRequested by: JOE RICHIEDate: 07/02/2025

### APPROVAL/DISAPPROVAL

Approved/Disapproved: Christina Wooley, Principal Date: 7-2-25Approved/Disapproved: M. June, Level Director Date: 7/10/25

Approved/Disapproved: \_\_\_\_\_, Superintendent Date: \_\_\_\_\_

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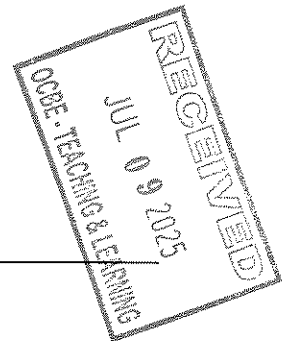
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EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: CLAY SUTER

Group: GIRLS GOLF

Destination: LEXINGTON, KY

Date(s) of Trip: SEPT 13-14 2025

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 62 \*

Approximate Number of Students: 10

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 13 \*

Number of Buses: 0

\*(44 Person Maximum for MS/HS) (60 Person Maximum for ELEM)

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): PARENTS WILL TRANSPORT

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\*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: OPTIONAL

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

GOLF MATCH

Requested by: JOE RICHIE

Date: 07/02/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Uporley, Principal Date: 7-2-25

Approved/Disapproved: M. J. Smith, Level Director Date: 7/10/25

Approved/Disapproved: \_\_\_\_\_, Superintendent Date: \_\_\_\_\_

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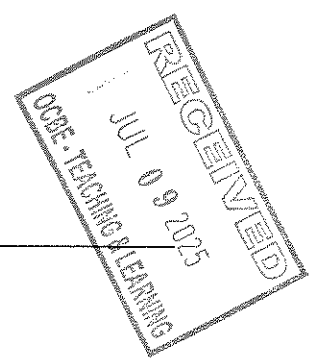
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EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: CHRIS CUNNINGHAM

Group: BOYS GOLF

Destination: PENDLETON HILLS CC

Date(s) of Trip: SEPT 29 2025

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 87 \*

Approximate Number of Students: 10

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 13 \*

Number of Buses: 0

\*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): PARENTS WILL TRANSPORT

\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\*

\*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: OPTIONAL

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

GOLF MATCH

Requested by: JOE RICHIE

Date: 07/02/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: M. J. Woodson, Principal Date: 7-2-25

Approved/Disapproved: M. J. Woodson, Level Director Date: 7/10/25

Approved/Disapproved: M. J. Woodson, Superintendent Date: 7/10/25

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(Same day but extends beyond the school day)

DAY TRIP ONLY ☒

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: CLAY SUTER Group: GIRLS GOLF

Destination: BUTLER, KY

Date(s) of Trip: SEPT 29 2025 Time of Departure: TBD Time of Return: TBD

Approximate Mileage (one way): 87 \*

Approximate Number of Students: 10

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 13 \*

Number of Buses: 0

*\*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}*

*\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)*

Method of Transportation (if not by school bus): PARENTS WILL TRANSPORT

*\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\**

*\*All tolls are the responsibility of the school or group requesting the trip.*

Trip Required or Optional: OPTIONAL

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

SEMI-STATE GOLF

Requested by: JOE RICHIE Date: 07/02/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa J. Gooden, Principal Date: 7-2-25

Approved/Disapproved: \_\_\_\_\_, Level Director Date: 7/10/25

Approved/Disapproved: \_\_\_\_\_, Superintendent Date: \_\_\_\_\_

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(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: CLAY SUTER Group: GIRLS GOLF

Destination: LEXINGTON, KY

Date(s) of Trip: OCT 7-8 2025 Time of Departure: TBD Time of Return: TBD

Approximate Mileage (one way): 87 \*

Approximate Number of Students: 10

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 13 \*

Number of Buses: 0

*\*(44 Person Maximum for MS/HS) (60 Person Maximum for ELEM)*

*\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)*

Method of Transportation (if not by school bus): PARENTS WILL TRANSPORT

*\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\**

*\*All tolls are the responsibility of the school or group requesting the trip.*

Trip Required or Optional: REQUIRED

If optional, indicate student charges:

Transportation (mileage, driver) \$ \_\_\_\_\_

Admissions \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Charges \$ \_\_\_\_\_

Number of Instructional Days Lost: 2

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

STATE GOLF

Requested by: JOE RICHIE Date: 07/02/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Woolley, Principal Date: 7-2-25

Approved/Disapproved: \_\_\_\_\_, Level Director Date: 7/10/25

Approved/Disapproved: \_\_\_\_\_, Superintendent Date: \_\_\_\_\_

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8005.01F

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: CHRIS CUNNINGHAM Group: BOYS GOLF

Destination: BOWLING GREEN CC

Date(s) of Trip: OCT 9-11 2025 Time of Departure: TBD Time of Return: TBD

Approximate Mileage (one way): 131 \*

Approximate Number of Students: 10

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 13 \*

Number of Buses: 0

\*(44 Person Maximum for MS/HS) (60 Person Maximum for ELEM)

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): PARENTS WILL TRANSPORT

\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\*

\*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: OPTIONAL

If optional, indicate student charges:

Transportation (mileage, driver) \$ \_\_\_\_\_

Admissions \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Charges \$ \_\_\_\_\_

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

GOLF MATCH

Requested by: JOE RICHIE Date: 07/02/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Woodson, Principal Date: 7-2-25

Approved/Disapproved: M. J. Smith, Level Director Date: 7/10/25

Approved/Disapproved: \_\_\_\_\_, Superintendent Date: \_\_\_\_\_

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OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: SOUTH OLDHAM HIGH SCHOOL

Employee(s) In Charge: TIFFANY BLAIR Group: VOLLEYBALL

Destination: TBD

Date(s) of Trip: TBD Time of Departure: TBD Time of Return: TBD

Approximate Mileage (one way): TBD \*

Approximate Number of Students: 20

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 24 \*

Number of Buses: 1

\*(44 Person Maximum for MS/HS) (60 Person Maximum for ELEM)

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): BUS OR PARENTS WILL TRANSPORT

\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\*

\*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: OPTIONAL

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$

Number of Instructional Days Lost: 0

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

VOLLEYBALL PLAYOFFS

Requested by: JOE RICHIE Date: 07/02/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Woosley, Principal Date: 7-2-25

Approved/Disapproved: M. Jones, Level Director Date: 7/10/25

Approved/Disapproved: \_\_\_\_\_, Superintendent Date: \_\_\_\_\_

\*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.

\*ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.

Upon approval, the school will receive an approved form from the Superintendent. \*

Adopted

Oldham County Board of Education

September 2, 1980

Revised: February 1, 1985, September 1991, April 29, 1996, June 19, 1998, June 9, 1999, November 23, 1999, April 2, 2001, March 25, 2004, March 22, 2005, July 27, 2005, August 10, 2006, June 28, 2007, March 11, 2008, July 16, 2008, February 4, 2014, July 17, 2015, January 6, 2017, January 18, 2019

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION**

**FIELD TRIP BUS REQUEST FORM**

**8005.01F**

*Related to: Policy 8005, 4055, 8005AR, 8005.001F*

**OVERNIGHT** ☒

**EXTENDED DAY** ☐

*(Same day but extends beyond the school day)*

**DAY TRIP ONLY** ☐

School: Oldham County High School

Employee(s) In Charge: Dan Klipper Group: Band

Destination: Chicago, IL

Date(s) of Trip: 4/17-21 Time of Departure: 8 AM Time of Return: 8 PM

Approximate Mileage (one way): 307 \*

Approximate Number of Students: 80

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 84 \*

Number of Buses: 2

*\*(44 Person Maximum for MS/HS) (60 Person Maximum for ELEM)*

*\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)*

Method of Transportation (if not by school bus): Charter Bus (hired out)

*\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\**

*\*All tolls are the responsibility of the school or group requesting the trip.*

Trip Required or Optional: Optional

If optional, indicate student charges:

Transportation (mileage, driver) \$ \_\_\_\_\_

Admissions \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total Charges** \$ appr. \$1000

Number of Instructional Days Lost: 2

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

Optional trip to Chicago. Students will be able to play at Symphony Center in downtown Chicago, watch

a performance of the Chicago Symphony Orchestra, and perform a side by side concert with Marian Catholic High School.

Requested by: Dan Klipper Date: 5/22/25

**APPROVAL/DISAPPROVAL**

Approved/Disapproved: [Signature], Principal Date: 7/2/25

Approved/Disapproved: [Signature], Level Director Date: 7/8/25

Approved/Disapproved: \_\_\_\_\_, Superintendent Date: \_\_\_\_\_

*\*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.*

*\*ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.*

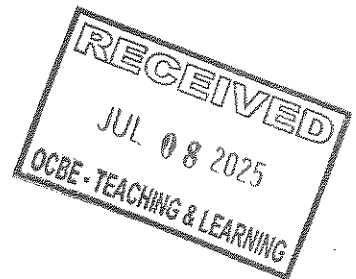
*Upon approval, the school will receive an approved form from the Superintendent. \**

Adopted

Oldham County Board of Education

September 2, 1980

*Revised: February 1, 1985, September 1991, April 29, 1996, June 19, 1998, June 9, 1999, November 23, 1999, April 2, 2001, March 25, 2004, March 22, 2005, July 27, 2005, August 10, 2006, June 28, 2007, March 11, 2008, July 16, 2008, February 4, 2014, July 17, 2015, January 6, 2017, January 18, 2019*



**Field Trip Bus Request Form****OVERNIGHT** ☒**EXTENDED DAY** ☐**DAY TRIP ONLY** ☐

(Same day but extends beyond the school day)

School OCMSEmployee(s) in Charge: Kathy Beardsley Group: Nature ClubDestination: Great Smoky Mountains Institute at TremontDate(s) of Trip: April 20-22 Time of Departure: 6:00am Time of Return: 9:00pmApproximate Mileage (one way): 215Approximate Number of Students: 50Number of Chaperones/Adults: 5TOTAL TRANSPORTED: 55

\*{44 Person Maximum for HS/HS}{60 Person Maximum for ELEM}

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

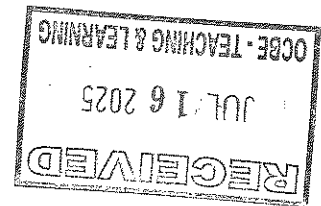
Method of Transportation (if not by school bus): Miller Transportation

\*Common Carriers must be Board approved and should have the accompanying 09.36 AP.2 with this form\*

\*All tolls are the responsibility of the school or group requesting the trip

Trip Required or Optional: Optional

If optional, indicate student charges:

Transportation (mileage, driver) \$ 6,000Admissions \$ 14,500Other \$ 2,000Total Charges \$ 22,500Number of Instructional Days Lost: 3Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated? Students experience 3 days in one of the most biologically diverse areasin the world connecting with Nature. Programs feature ecology, conservation, teamwork and leadership skills through hikes, stream explorations and programsRequested by: Kathy BeardsleyDate: July 8, 2025**APPROVAL/DISAPPROVAL**Approved/Disapproved: [Signature], PrincipalDate: 7/9/25Approved/Disapproved: [Signature], Level DirectorDate: 7/20/25

Approved/Disapproved: \_\_\_\_\_, Superintendent

Date: \_\_\_\_\_

\*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.

\*ALL Overnight Field Trips and trips using Common Carriers must be approved by the Board and Superintendent.

Upon approval, the school will receive an approved form from the Superintendent. \*

**RELATED PROCEDURES:**

09.36 (all procedures)

Review/Revised: 5/20/2024

STUDENTS

09.36 AP.212

### Vehicle Request Form

School OCMS Faculty Member(s) sponsoring trip Kathy Boardsley  
Date trip was approved \_\_\_\_\_ By whom \_\_\_\_\_  
Destination Great Smoky Address 9275 Tremont Road Phone (865) 448-6709  
Townsend, TN 37882  
☒ Out-of-State Tremont  
☐ Out-of-County  
☐ Within-County  
☒ Overnight (Give name, address, phone # of lodging) Same as above

Date(s) of Trip April 20-22 Departure Time 6:00am Return Time 9:00pm  
Number of Students 50 Faculty Sponsors 3 Chaperones 2 Total # of Participants 55

THE SPONSORING GROUP IS RESPONSIBLE FOR ALL TRANSPORTATION COSTS ASSOCIATED WITH THE TRIP, INCLUDING THE DRIVER'S SALARY, PLUS ANY APPLICABLE OVERTIME WAGES AND DEDUCTIONS REQUIRED BY LAW.

Charge trip expenses to: Nature Club

☒ Sponsoring organization ☐ School council ☐ Board/District  
☐ Other (specify) \_\_\_\_\_

Mode of Transportation (CHECK ONE):

☐ District-owned school bus; number needed \_\_\_\_\_  
☐ District-owned vehicle, other than bus; specify \_\_\_\_\_  
☐ Private vehicle, if allowed by policy, specify driver(s) \_\_\_\_\_

☒ Certificated common carrier; specify Miller Transportation

☒ Check here if luggage, equipment, projects, etc., will be transported. (Specify) luggage

Kathy Boardsley  
Faculty Sponsor's Signature

7/8/25  
Date

Bus Number(s) _____		Driver(s) Name(s) _____	
Estimated Expenses: Driver(s) \$ _____		Fuel \$ _____ Mileage \$ _____	
Meals, if applicable \$ _____		Lodging, if applicable \$ _____	
Actual Expenses: Driver (s) \$ _____		Fuel \$ _____ Mileage \$ _____	
Meals, if applicable \$ _____		Lodging, if applicable \$ _____	
Driving Time _____		Layover Time _____ Actual Miles _____	
_____ Transportation Supervisor's Signature		_____ Date	

#### RELATED PROCEDURES:

09.36 AP.21  
09.36 AP.211  
09.36 AP.23

Review/Revised: 5/20/2024

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE PROCEDURE**

**FIELD TRIP BUS REQUEST FORM**

09.36 AP.212

OVERNIGHT ☒EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐School: Oldham County High SchoolEmployee(s) In Charge: Sarah Coleman and Justin Romney Group: OCHS and SOHS ChoirsDestination: Orlando - Universal Theme ParksDate(s) of Trip: 3/25/26-3/30/26 Time of Departure: 8:00 AM Time of Return: 10:00 PMApproximate Mileage (one way): 871 miles \*Approximate Number of Students: 80Number of Chaperones/Adults: 10TOTAL TRANSPORTED: 92 \*Number of Buses: 2

\*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

\*These numbers include both students and all adults (bus driver, teachers, coaches, chaperones, etc.)

Method of Transportation (if not by school bus): Signature Elite Charters

\*Common Carriers must be Board approved and should have the 8005.02F accompanying this form\*

\*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: Optional

If optional, indicate student charges:

Transportation (mileage, driver) \$ 500Admissions \$ 1000

Other \$ \_\_\_\_\_

Total Charges \$ 1500Number of Instructional Days Lost: 4

Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?

Performance and workshop/musical clinic in Universal Theme ParksRequested by: Sarah Coleman Date: 6/23/25**APPROVAL/DISAPPROVAL**Approved/Disapproved: [Signature], Principal Date: 7/14/25Approved/Disapproved: [Signature], Level Director Date: 7/21/2025

Approved/Disapproved: \_\_\_\_\_, Superintendent Date: \_\_\_\_\_

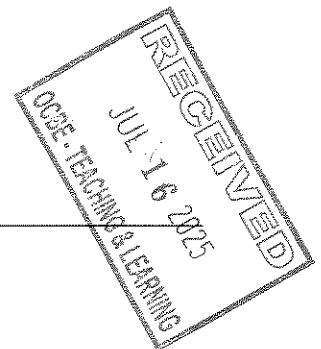
\*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.

\*ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.

Upon approval, the school will receive an approved form from the Superintendent. \*

**RELATED PROCEDURES:**

09.36 (all procedures)





**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION**

**APPLICATION FOR USE OF COMMON CARRIER**

**8005.02F**

*References: 702 KAR 5:060*

*Related to: Policy 8005, 4055, 8005AR-8005.04AR; 8005.01F, 8005.06F*

This application is to be completed only when transportation of students will be other than by school bus.

*702 KAR 5:060 - Section 6: Item (2)*

School districts may, in their reasonable discretion and with due regard to the safety and required supervision of the school children to be transported, utilize appropriately certificated common carriers, in regular or charter service, to transport school children to or from school-related events, as long as the vehicles so utilized are not significantly used as school buses. Such use of common carrier service, in lieu of qualifying school buses, shall be on a case-by-case basis, and the reasons believed by the board to justify such shall be cited in the board minutes. (SBE 24.225: 1 KY.R 1052: eff. 6-11-75; Am. 9 KY.R 1309: eff. 7-6-83; 12 KY.R 1634: eff. 5-6-86)

School: Oldham County High School Date: 6/23/25  
Employee(s) In Charge: Sarah Coleman, Justin Romney Group: Choir  
Date of Trip: March 25-30, 2026 Destination: Orlando, Florida  
Main Mode of Travel: Charter Bus  
Name of Major Carrier: Signature Elite Charters Phone: (615)727-7620  
Address: 1306 Antioch Pike, Nashville, TN 37211  
Method of transportation to the departure point: charter bus  
Type of transportation upon destination arrival:  
Company name: Signature Elite Charters Phone: (615)727-7620  
Contact person if available: Kent Sanders (270)547-1497  
Why have you selected these transportation methods? Kent is our travel coordinator and he believes this is the best company for our needs on our trip to Florida.

\_\_\_\_\_  
Principal

Sarah Coleman Sarah Coleman  
Teacher or Sponsor

*(Attach a regular Field Trip Request Form (8005.01F) and the Common Carrier Insurance Certificate for Board approval.)*



# **At-Ease Travel, LLC**

*Group Travel Made Easy*

**Kent Sanders**

156 Quail Run Ln., Hardinsburg, KY 40143

Phone: 270-547-1497

[kentsanders@bellsouth.net](mailto:kentsanders@bellsouth.net)

[www.ateasetravel.net](http://www.ateasetravel.net)

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## **GROUP TRAVEL AGREEMENT**

Date of Agreement: 5/12/25  
Group: Oldham Co. HS Choir  
Director/Sponsor: Sarah Coleman  
Travel Destination: Orlando  
Travel Date(s): March 25 - 30, 2026  
Accepted Proposal #: OCHS1

### **Document Purpose**

This document is designed to provide to you, the authorized representative of the above listed organization, information regarding the terms and conditions of the agreement you are entering into between your organization and At-Ease Travel for the above listed event. It is essential for you to read this document carefully to have a full understanding of our agreement. Once read, please feel free to contact me if you have any concerns or questions. Once you find this agreement acceptable, please sign and date it, have an administrator do the same, and return it, along with the appropriate deposit, to At-Ease Travel. Your group will be fully registered only after this signed document and deposit are received.

#### **1. Payment Policy:**

- a. Deposit:
  - i. Due immediately along with signed agreement (14-day max to return)
  - ii. The deposit will be applied to the overall balance
  - iii. Deposit amount will be determined on an individual group bases
    - 1. Determined by the Motor Coach, Hotel, and attraction deposits needed to secure their services
  - iv. Invoice for total amount will be presented with this agreement
- b. Installments: (Payments)
  - i. 3 equal installments, each 1/3 of the balance following deposit
    - 1. Due dates for installments will be determined on an individual bases based on time requirements presented to AET by its vendors.
    - 2. See "Your Pre-trip calendar of effective dates" found at the end of this document for exact due dates of Installments (payments)
- c. Invoices:
  - i. An invoice will be provided for each deposit and installment
- d. Receipts:
  - i. Receipts will be provided following each payment
- e. Amended Final Invoice:
  - i. Any last minute adjustments prior to or during the trip resulting in an overpayment, or a new balance due, will be reflected in an Amended Final Invoice, which will be provided, if needed, following the trip
  - ii. A refund will be issued if due
  - iii. If a balance is due, your group will be expected to pay the new balance within 30 days of the amended invoice
- f. Payment Type Accepted:
  - i. ALL PAYMENTS MUST BE MADE BY A SCHOOL BOOSTER CLUB CHECK OR BY A CHECK FROM THE SCHOOL OR SCHOOL SYSTEM ITSELF. NO PAYMENTS WILL BE ACCEPTED FROM INDIVIDUALS

**2. Late Payment Policy:**

- a. A \$200.00 per week late fee may be assessed to any installment that is not received within 2 weeks (14 days) of its due date
- b. A.E.T. reserves the right to cancel all arrangements of any group which is 28 days (4 weeks) past due on their 1<sup>st</sup> or 2<sup>nd</sup> Installments or 2 weeks past due on their 3<sup>rd</sup> (final) Installment

**3. Group Cancellation/Refund Policy:**

All cancellation fees are charged to cover work that will be completed prior to any group's cancellation, and in most cases, to cover the work that will be done following the cancellation to assist in the recovering of funds paid out to various vendors by AET on the group's behalf.

Following is a list of group cancellation fees based on the date group cancellation notice is received or the date of cancellation due to non-payment.

- a. Occurring prior to payment of 1<sup>st</sup> Installment:  
\$500.00, plus loss of any non-refundable deposits made by A.E.T. to vendors on behalf of your group
- b. Occurring after payment of 1<sup>st</sup> Installment but prior to payment of 3<sup>rd</sup> or final Installment:  
10% Cancellation fee (based on total group cost minus transportation cost), plus loss of any non-refundable deposits or payments made by A.E.T. on behalf of your group
- c. Occurring after payment of 3<sup>rd</sup> or final Installment:  
15% Cancellation fee (based on total group cost minus transportation cost), plus loss of any non-refundable deposits or payments made by A.E.T. on behalf of your group

**4. Force Majeure Cancellations/Refund Policy: (The Covid Pandemic was such an event).**

- a. If cancellation is due to a rare unforeseen event or events which gives cause for the groups travel plans to become impossible and the source of such occurrence is completely beyond the control of the group, its administrators, or its members, then the above cancellation fees may be adjusted as follows:
  - i. The organization will receive a refund equal to the amount paid to At-Ease Travel minus:
    - i. a 5% per person package cancellation fee (Based on individual package cost per person)
      - 1. This 5% fee represents the work done by At-Ease Travel prior to cancellation as well as future work to be done in the cancellation process on behalf of your group and its individual members.
    - ii. Any nonrefundable deposits or payments made to vendors by At-Ease Travel on behalf of the organization and its members
  - ii. Any refunds will be provided to the school organization to be distributed to its individual members as desired.
    - i. No money will be refunded to individual

**5. Complimentary Package Policy for Directors/Sponsors:**

- a. One (1) complimentary package credit (based on applicable room type) will be provided for every group with a minimum of 35 participants (students/directors/staff/guest).
  - i. Additional complimentary package credits may be provided by AET based on total paid packages, number of actual program directors, etc., and will be determined on an individual group basis.

**6. Participant/Rooming List Policy:**

- a. A first draft participant/rooming list must be submitted 2 weeks prior to the 1<sup>st</sup> Installment due date
  - i. First invoice will be formulated using the numbers submitted on this form
  - ii. Room list form should show total number of rooms and names or type (i.e., male student, female student, etc.) of participants in each room
    1. 4 max per room, unless otherwise instructed by AET
    2. All participants should be identified as student, chaperone, or staff
- b. Alterations can be made to the participant/rooming list up to 2 weeks prior to 3<sup>rd</sup> (final) Installment due date
- c. Final participant/rooming list showing guaranteed count must be submitted 2 weeks prior to the 3<sup>rd</sup> (final) Installment due date
  - i. Final invoice will be formulated using the numbers submitted on this form
  - ii. Participant count and breakdown of types of participants cannot change after this date
    1. Individuals can be replaced by other like individuals
      - a. A student can take the place of another student, a parent can replace another parent, however, a parent cannot replace a student, etc.
  - iii. Any non-refundable deposits or payments made by AET prior to this date that would be lost due to a reduction in final numbers will be added to the group cost
  - iv. Final Room list form should show total number of rooms and names of participants in each room
    1. 4 max per room, unless otherwise instructed by AET
    2. All participants should be identified as student, chaperone, or staff

**7. Directors/Group Leader Responsibility:**

- a. Each Director/Group Leader is responsible for the conduct of his/her students, staff, and guest
- b. The Director/Group Leader and school must assume full responsibility for any damage to the hotel, restaurants, motor coaches, or event properties inflicted by his/her students, staff, or guest
- c. Additional hotel expenses, such as phone calls, charges to rooms, room service, etc., incurred by participants must be paid to the hotel prior to departure

**8. Disclaimer/Release (At-Ease Travel's Responsibility):**

- a. At-Ease Travel acts solely in its capacity as agent on behalf of its contracted groups. In arranging transportation, lodging, meals, and event activities, neither At-Ease Travel, nor its agents, are responsible or liable for any damage or loss, injury or accident to person or property from any cause whatsoever, except for those caused directly by negligence of At-Ease Travel employees and agents. Furthermore, neither At-Ease Travel, nor its agents, can be responsible for events, inconvenience, or expense beyond its control, such as, without limitation, acts of God, strikes, or government restrictions or for acts or omissions of persons not under its control, such as, without limitation, motor coach companies, restaurants, event sites, and hotels

**9. Exception:**

Any alteration, deviation, or exception to policies within this agreement are at the sole discretion of AET

## **Your Pre-trip calendar of effective dates:**

Below you will find a list of important dates concerning your agreement with At-Ease Travel.

The dates listed are the actual calendar dates related to the policies of this agreement, based on your groups travel dates, and should be strictly adhered to in relation to submitting materials and payments to AET.

Please refer within this document for details connected to these dates and actions.

- **Signed Agreement and Deposit Due**
  - July 1, 2025
  
- **First Draft Participant/Room List Due**
  - November 5<sup>th</sup>, 2025
  
- **1<sup>st</sup> Installment Due**
  - November 19<sup>th</sup>, 2025
  
- **2<sup>nd</sup> Installment Due**
  - December 17<sup>th</sup>, 2025
  
- **Final Participant/Room List Due**
  - December 31<sup>st</sup>, 2026
  
- **3<sup>rd</sup> Installment Due (Final Payment)**
  - January 14<sup>th</sup>, 2026

## Client Acknowledgement and Acceptance

Please understand that any arrangements that have been temporarily secured to date by AET on your group's behalf can only be held for a short period of time prior to becoming subject to availability and/or price increases

**DON'T DELAY!**

**PLEASE RETURN THIS SIGNED AGREEMENT ALONG WITH YOUR DEPOSIT BY THE DUE DATE LISTED IN THIS DOCUMENT TO:**

Kent Sanders  
At-Ease Travel  
156 Quail Run Ln  
Hardinsburg, Ky 40143

**IF THIS DATE CAN NOT BE MET, PLEASE CONTACT AET TO MAKE OTHER ARRANGEMENTS**

\*\*\*\*\*

To be signed by the organization's director, sponsor, or head teacher, and co-signed by an administrator of the organization's school.

**I hereby acknowledge receipt of and agree to comply with all provisions contained within this Group Travel Agreement present by At-Ease Travel:**

**Organization's Authorized Representative:**

Name	Title	Date

**School Administrator:**

Name	Title	Date

# At-Ease Travel, LLC

*Group Travel Made Easy*

*Kent Sanders*

156 Quail Run Ln, Hardinsburg, KY 40143

Phone: 270-547-1497

kentsanders@bellsouth.net

www.ateasetravel.net

## Invoice

Director:	Sarah Coleman
Organization:	Oldham Co. HS Choir
	Buckner, KY
Event:	Orlando, FL
Proposal:	OCHS1

This invoice is based on the latest participant information provided to At-Ease Travel

### GROUP MEMBER FEES:

4 to a room	48	@	\$ 1,073.00	=	\$ 51,504.00
3 to a room		@	\$ 1,180.00	=	\$ -
2 to a room		@	\$ 1,395.00	=	\$ -
					\$ 51,504.00

### STAFF/PARENT/GUEST FEES:

4 to a room		@	\$ 1,016.00	=	\$ -
3 to a room		@	\$ 1,124.00	=	\$ -
2 to a room	4	@	\$ 1,338.00	=	\$ 5,352.00
1 to a room	1	@	\$ 1,983.00	=	\$ 1,983.00
					\$ 7,335.00

### TRANSPORTATION:

1 Coaches	\$16,500.00
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TOTAL	\$ 16,500.00
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TOTAL COST OF PACKAGES AND TRANSPORTATION:	\$ 75,339.00
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### CREDITS:

Directors packages	1	@	\$ (1,983.00)	=	\$ (1,983.00)
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TOTAL	\$ (1,983.00)
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TOTAL COST AFTER CREDITS APPLIED:	\$ 73,356.00
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**\*\* PLEASE REMIT THE AMOUNT INDICATED IN THE HIGHLIGHTED BOX BELOW \*\***

Payments	Due Date	Amount	Paid/Due	Balance
Deposit	7/1/25	\$ 3,000.00	Due	\$ 70,356.00

# ***At-Ease Travel, LLC***

*Group Travel Made Easy*

Oldham Co. HS Choir  
Florida 2026 Spring Break

Proposal #: OCHS1  
Date: 5/12/25

**Trip Highlights:**

- 6 days' total length
  - 1 day on the road going
  - 1 day on the road home
  - 4 days in Orlando
  - 5 nights in hotel
- 13 Meals Included:
  - 5 Breakfast (hotel)
  - 7 Universal Meals (\$25.00 each)
  - 1 Bar-B-Que at the beach
- Visits to:
  - Universal Orlando: Islands of Adventure, Universal Studios, Volcano Bay Water Park, and Epic Universe
- Choir Workshop

**Individual Fees:** (Does not include transportation cost, see below)

Persons per room:	4	3	2	1
Student price per person	\$1,073.00	\$1,180.00	\$1,395.00	
Adult/Guest price per person	\$1,016.00	\$1,124.00	\$1,338.00	\$1,983.00

**Group Fees:** (All transportation and travel related fixed expenses)

\$16,500.00 Includes all cost for 1, 56 Passenger Coach

Kent Sanders  
At-Ease Travel





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/8/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
AssuredPartners of Texas  
840 Gessner Rd  
Suite 700  
Houston TX 77024

CONTACT  
NAME: Maria Belmarez  
PHONE (A/C, No, Ext): 281-647-9100 FAX (A/C, No): 281-647-6633  
E-MAIL ADDRESS: maria.belmarez@assuredpartners.com

License#: 1435292  
NASHLIV-01

INSURED  
Nashville Livery Inc  
dba Signature Transportation Services; Signature Elite Inc.  
1306 Antioch Pike  
Nashville TN 37211

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: RLI Insurance Company	13056
INSURER B: Clear Spring Property & Casualty Company	15563
INSURER C: Travelers Casualty and Surety Company of America	31194
INSURER D: The Hanover Atlantic Insurance Company Ltd	
INSURER E:	
INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 1626018491

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	LGB0017485	6/9/2025	6/9/2026	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	LFB0020515	6/9/2025	6/9/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM / UIM \$ 65,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	CS-WC-004864-04	9/9/2024	9/9/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C D	Employment Practice Liab. Professional Liability			105651583 CPRF92724	7/19/2024 9/27/2024	7/19/2025 9/27/2025	\$500,000 per Claim \$1,000,000 Retention: \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Auto Liability and Commercial General Liability policies include a Blanket Automatic Additional Insured and Waiver of Subrogation endorsements that provide Additional Insured and Waiver of Subrogation statuses when there is a written contract that requires such statuses. Workers Compensation policy has a Blanket of Waiver of Subrogation endorsement when there is a written contract that requires such status.

## CERTIFICATE HOLDER

## CANCELLATION

At-Ease Travel  
156 Quail Run Ln  
Hardinsburg KY 40143

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

