### FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT V	EXTENDED DAY  (Same day but extends beyond the	school day)	DAY TRIP ONLY
School: North Oldham High School		2/	
Employee(s) In Charge: Eric Teysen/Rya	n Willey	Group: Boy's G	olf
Destination: Owensboro, KY - 2A State	Championship Tournamer	nt	
Date(s) of Trip: 9/7 - 9/8/2025	Time of Departure: TBD	Time of	Return: TBD
Approximate Mileage (one way):	*		
Approximate Number of Students:	2		^
Number of Chaperones/Adults:	2		
TOTAL TRANSPORTED:4	*		a C
Number of Buses:0	<del></del>		LOCALUG , SUD
*{44 Person Maximum for MS/HS} {60 Person *These numbers include both students and all a	dults (bus driver, teachers, coach	nes, chaperones, etc	OCBE-TEACHNG & LEARNING
Method of Transportation (if not by school			G LE BRU
*Common Carriers must be Board approved an *All tolls are the responsibility of the school or	nd should have the 8005.02F acc group requesting the trip.	ompanying this for	m*
Trip Required or Optional: Required			
If optional, indicate student charges: Transportation (mileage, Admissions Other	driver) \$ \$ \$		
Total	Charges \$		
Number of Instructional Days Lost: 1	_		
Justification: Why is the trip necessary? We have 2 boy's golfers that have qua	hat is to be learned? How wil alified for the 2A State Char	Il the experience I mpionship Tour	nament.
Requested by: Matt Walker, NOHS A.D.		Date: 0	8/11/2025
7	APPROVAL/DISAPPROVA	AL	,
Approved/Disapproved:		, Principal	Date: 8/11/25
Approved/Disapproved: MAm		, Level Director	21/12
Approved/Disapproved:		, Superintendent	
*Field trips in excess of a 60-mile radius of the Boar *ALL Overnight Field Trips and trips using Common	d office require the approval of the S I Carriers must be approved by the s	Superintendent. chool board and Supe	rintendent.
Upon approval, the school will receive an approved f	orm from the Superintendent. *	9.	

RELATED PROCEDURES:

STUDENTS 09.36 AP.212

## OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE PROCEDURE

### FIELD TRIP BUS REQUEST FORM

09.36 AP.212

Number of Buses:	OVERNIGHT	EXTENDED DAY  (Same day but extends beyond the s	DAY TRIP ONLY
Destination: Bowling Green, KY  Date(s) of Trip: 10/6 - 10/8/2025	School: North Oldham HS		····
Destination: Bowling Green, KY  Date(s) of Trip: 10/6 - 10/8/2025	Employee(s) In Charge: Shwan Trent,	Head Coach (	Group: Girls Golf
Approximate Mileage (one way):4  Approximate Number of Students:4  Number of Chaperones/Adults:2  TOTAL TRANSPORTED:6*  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.)  **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:	Destination: Bowling Green, KY		
Approximate Mileage (one way):4  Approximate Number of Students:4  Number of Chaperones/Adults:2  TOTAL TRANSPORTED:6*  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.)  **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:	Date(s) of Trip: 10/6 - 10/8/2025	Time of Departure: TBD	Time of Return: TBD
Approximate Number of Students:	Approximate Mileage (one way):		
Number of Buses:  O  **Id4Person 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:  Required  If optional, indicate student charges:  Transportation (mileage, driver)  Admissions Other  **Total Charges**  Number of Instructional Days Lost:  Date:  **Total Charges**  Number of Instructional Days Lost:  Participation: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?  Participation in the KHSAA State Championship Tournament  **Requested by:  Matt Walker, NOHS A.D.  Date:  **Date: 08/12/2025  APPROVAL/DISAPPROVAL  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  **Jield trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.	Approximate Number of Students:	4	
Number of Buses:	Number of Chaperones/Adults:	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): 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: Required  If optional, indicate student charges:  Transportation (mileage, driver)  Admissions  Other  **Total Charges \$  Number of Instructional Days Lost: 3  Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?  Participation in the KHSAA State Championship Tournament  Requested by: Matt Walker, NOHS A.D.  Date: 08/12/2025  APPROVAL/DISAPPROVAL  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Superintendent  Superintendent  Pricield trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.	TOTAL TRANSPORTED:	6 *	RECEIVE
*/ APPROVAL/DISAPPROVAL  Approved/Disapproved:  **Field trips in excess of a 66-mile radius of the shoard and proved and place is best of the superintendent.  **Field trips in excess of a 66-mile radius of the Board office require the approved of the Superintendent.	Number of Buses:0	<del></del>	AUG 1 2 2025
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: Required  If optional, indicate student charges:  Transportation (mileage, driver) \$ Admissions \$ Other \$  Total Charges \$  Number of Instructional Days Lost: 3  Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?  Participation in the KHSAA State Championship Tournament  Requested by: Matt Walker, NOHS A.D.  Date: 08/12/2025  APPROVAL/DISAPPRØVAL  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Superintendent  Superintendent.	*These numbers include both students and al	l adults (bus driver, teachers, coache	
*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:  Participation: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?  Participation in the KHSAA State Championship Tournament  Requested by:  Matt Walker, NOHS A.D.  Date:  08/12/2025  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  *Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.	Method of Transportation (if not by scho	ool bus): Parent Transport	O COL
If optional, indicate student charges:  Transportation (mileage, driver) \$	*Common Carriers must be Board approved *All tolls are the responsibility of the school	and should have the 8005.02F accord	npanying this form*
Transportation (mileage, driver) Admissions Other  S  Total Charges  Number of Instructional Days Lost: 3  Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated? Participation in the KHSAA State Championship Tournament  Requested by: Matt Walker, NOHS A.D.  Date: 08/12/2025  APPROVAL/DISAPPROVAL  Approved/Disapproved: , Principal Date: 8/12/2 5  Approved/Disapproved: , Level Director Date: 8/12/2 5  Approved/Disapproved: , Superintendent Date: *Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.	Trip Required or Optional: Required		
Number of Instructional Days Lost: 3  Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?  Participation in the KHSAA State Championship Tournament  Requested by: Matt Walker, NOHS A.D.  Date: 08/12/2025  APPROVAL/DISAPPROVAL  Approved/Disapproved: , Principal Date: 3/12/2 S  Approved/Disapproved: , Level Director Date: 3/12/2 S  Approved/Disapproved: , Superintendent Date: *Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.	Transportation (mileag Admissions Other	\$ \$	
Justification: Why is the trip necessary? What is to be learned? How will the experience be used and evaluated?  Participation in the KHSAA State Championship Tournament  Requested by: Matt Walker, NOHS A.D.  Date: 08/12/2025  APPROVAL/DISAPPROVAL  Approved/Disapproved: , Principal Date: 8/12/2 S  Approved/Disapproved: , Level Director Date: 8/12/2 S  Approved/Disapproved: , Superintendent Date: *Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.	Tota	d Charges \$	
Participation in the KHSAA State Championship Tournament  Requested by: Matt Walker, NOHS A.D.  Date: 08/12/2025  APPROVAL/DISAPPROVAL  Approved/Disapproved: Principal Date: 8/12/2 State Director Da	Number of Instructional Days Lost: 3		
Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  *Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.			the experience be used and evaluated?
Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  *Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.	Requested by: Matt Walker, NOHS A.I	Э.	Date: 08/12/2025
Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  Approved/Disapproved:  , Level Director  Date:  *Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.			
	Approved/Disapproved:	t ( )	Principal Date: 8/12/23 Level Director Date: 8/12/25
*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. *	*ALL Overnight Field Trips and trips using Comm	non Carriers must be approved by the sch	

### FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT 🗸	EXTENDED DAY [Same day but extends beyond the school day)	DAY TRIP ONLY
School: North Oldham HS		
Employee(s) In Charge: Shwan Trent, Hea	ad Coach Group: Girls Go	lf
Destination: Owensboro, KY		
Date(s) of Trip: 9/7 - 9/8/2025	_ <mark>Tim</mark> e of Departu <mark>re: _TBD Time of</mark>	Return: TBD
Approximate Mileage (one way):10	<del>)8</del> *	
Approximate Number of Students:	4	
Number of Chaperones/Adults: 2		0
TOTAL TRANSPORTED: 6	*	
Number of Buses:	<u>L</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	alts (bus driver, teachers, coaches, chaperones, etc.	722
Method of Transportation (if not by school by	ous): Parent Transport	100 9
*All tolls are the responsibility of the school or g	should have the 8005.02F accompanying this form roup requesting the trip.	**
Trip Required or Optional: Required		
If optional, indicate student charges: Transportation (mileage, d Admissions Other	ss	
Total C	harges \$	
Number of Instructional Days Lost: 1	_	
Justification: Why is the trip necessary? When Participation in the 2A State Champions	at is to be learned? How will the experience b ship Tournament	e used and evaluated?
Requested by: Matt Walker, NOHS A.D.	Date: 08	8/12/2025
A)	PPROVAL/DISAPPROVAL	1,,
Approved/Disapproved:	Sylin , Principal	Date: 8/12/25
Approved/Disapproved:	, Level Director	Date: 8/12/25
Approved/Disapproved:	, Superintendent	Date:
*Field trips in excess of a 60-mile radius of the Board of *ALL Overnight Field Trips and trips using Common C	office require the approval of the Superintendent. Carriers must be approved by the school board and Super	intendent.
Upon approval, the school will receive an approved for	m from the Superintendent. *	

RELATED PROCEDURES:

### FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT	EXTENDED DAY (Same day but extends beyond the	DAY TRIP ONLY
School: Arvin Education Center		
Employee(s) In Charge: Tonya Burns,	Rachael Moore	Group: Arvin HOSA
Destination: Washington Leadership	Academy1700 Richmond Hig	hway Arlington, VA 22202
Date(s) of Trip: 9/19/25 to 9/23/25	Time of Departure: 6pm	Time of Return: 8pm
Approximate Mileage (one way):	548 *	
Approximate Number of Students:	7	
Number of Chaperones/Adults:	3	RECE
TOTAL TRANSPORTED:1	*	Aug
Number of Buses:		NUG 1 1 2025
*{44 Person Maximum for MS/HS} {60 Person *These numbers include both students and all	on Maximum for ELEM) I adults (bus driver, teachers, coache	AUG I 1 2025 es, chaperones, etc.) ckup at airport, airplane, uber/rental cat/l/g
Method of Transportation (if not by scho	ol bus): parent dropoff and pi	ckup at airport, airplane, uber/rental car/// <sub>0</sub>
*Common Carriers must be Board approved *All tolls are the responsibility of the school of	and should have the 8005.02F acco	mpanying this form*
Trip Required or Optional: Optional		
If optional, indicate student charges: Transportation (mileag Admissions Other	\$ 600 \$ 200	
Tota	l Charges \$_1500	
Number of Instructional Days Lost: 2		
Justification: Why is the trip necessary? WLA features dynamic workshops an advocates of HOSA's mission and vi	nd interactive activities to teadision. This event is a capstone	ch HOSA leaders to be better
	APPROVAL/DISAPPROVA	L
Approved Disapproved: Math W	the the	Principal Date: 8/7/25
Approved/Disapproved:	ul ,	Level Director Date:
Approved/Disapproved:	,	Superintendent Date:
*Field trips in excess of a 60-mile radius of the Boo *ALL Overnight Field Trips and trips using Commo		
Upon approval, the school will receive an approved	form from the Superintendent. *	
RELATED PROCEDURES: 09.36 (all procedures)		

### Application for Use of Common Carrier

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

702 KAR 005:060 - 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. 6-11-1975; 9 Ky.R. 1309; eff. 7-6-1983; 12 Ky.R. 1634; eff. 5-6-1986; 17 Ky.R. 436; eff. 10-14-1990; Crt eff. 11-16-2018.)

School: Arvin Education Center	Date: 8/1/25
Employee(s) In Charge: Tonya Burns	Group: Arvin HOSA
Date of Trip: 9/19/25 to 9/23/25 Destination:	
Main Mode of Travel: airplane	
Name of Major Carrier: American Airlines	Phone: 800-433-7300
Address:	
Method of transportation to the departure point: parent	
Type of transportation upon destination arrival:	
Company name: rental car or uber	Phone:
Contact person if available:	
Why have you selected these transportation methods?	the conference is held in Washington DC and
Arlington areas which is 9 hours and a distance of 584 miles.	
Once at the conference we will need to transport students to the conference we will need to transport students to the	conference events.
Mart Walter	1/10 Pa
Principal	Teal har of Sponsor

(Attach a regular Field Trip Request Form (09.36 AP.21) and the Common Carrier Insurance Certificate for Board approval.)
RELATED PROCEDURES:

09.36 (all procedures)

Review/Revised:5/20/2024

### FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT V	EXTENDED DAY  (Same day but extends beyond the school day)	DAY TRIP ONLY
School: South Oldham High School		
Employee(s) In Charge: Stacy Heineman	Group: KYA/KU	JNA
Destination: KYA Conference, Crowne F	łaza, Louisville, KY	
Date(s) of Trip: 12/8-12/10/2025	Time of Departure: 9:00 am Time o	f Return: 3:00 pm
Approximate Mileage (one way):	*	
Approximate Number of Students:	90	
Number of Chaperones/Adults:4		N OCDE MTC
TOTAL TRANSPORTED: 94	*	▶ OCBE MTG <
Number of Buses: N/A	_	AUG 2 5 2025
*{44 Person Maximum for MS/HS} {60 Person a *These numbers include both students and all ac	fults (bus driver, teachers, coaches, chaperones, etc	AND THE STREET WITH STREET
Method of Transportation (if not by school	bus): Parents will transport students to/fro	om conterence
*All tolls are the responsibility of the school or	d should have the 8005.02F accompanying this for group requesting the trip.	m*
Trip Required or Optional: Optional		LOCOR NOG I
If optional, indicate student charges: Transportation (mileage, Admissions Other	\$310 \$45	om conterence  AUG 1 202
	Charges \$ 500	
Number of Instructional Days Lost: 3	_	
Justification: Why is the trip necessary? Will Students will participate in a model me	hat is to be learned? How will the experience eting of the Kentucky legislature	be used and evaluated?
Requested by: Stacy Heineman	Date: _	08/05/2025
A	APPROVAL/DISAPPROVAL	
Approved/Disapproved: Mulis	ca Booku Principal	Date: 8-5-05
Approved/Disapproved:	, Level Director	Date: 8/11/25
Approved/Disapproved:	, Superintendent	Date:
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common	d office require the approval of the Superintendent. Carriers must be approved by the school board and Sup	perintendent.
Upon approval, the school will receive an approved for	orm from the Superintendent. *	

RELATED PROCEDURES:

## ON AUG

# OLDHAM COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

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

AUG 2 5 2025

8005.01F

OVERNIGHT V	EXTENDED DAY	DAY TRIP ONLY
School: South Oldham High School	(Same day but extends beyond the school day)	
Employee(s) In Charge: Justin Romney	Group: Choir	
Destination: Danville, KY		
	_ Time of Departure: 11/7, 7:30 AM Time of	f Return: 11/8, 9:00 P.M.
Approximate Mileage (one way):	*	
Approximate Number of Students:	5	
Number of Chaperones/Adults:3		REGIO
TOTAL TRANSPORTED:8	*	A SELLO
Number of Buses:0	_	AUG I I 20
	ults (bus driver, teachers, coaches, chaperones, etc	AUG I I 2025  OCBE TEACHING & LEARNING
Method of Transportation (if not by school	bus): Parental transport	- SANIM
*Common Carriers must be Board approved and *All tolls are the responsibility of the school or g	l should have the 8005.02F accompanying this fort group requesting the trip.	n <sup>∗</sup>
Trip Required or Optional: optional		
If optional, indicate student charges: Transportation (mileage, of Admissions Other  Total C	\$ <u>50</u> \$	
Number of Instructional Days Lost: 1	narges 3	
The state of the s	-	
Participation in the KYACDA rehearsals	at is to be learned? How will the experience b	e used and evaluated?
- analysis in the trivial of the same	and pornomando	
		_
Requested by: Justin Romney	Date: <u>8/</u>	5/2025
•	PPROVAL/DISAPPROVAL	
Approved/Disapproved: Musik	1 10mm	Date: 8-505
Approved/Disapproved:	, Level Director	_/ /
Approved/Disapproved:	, Level Director	
*Field trips in excess of a 60-mile radius of the Board	office require the approval of the Superintendent.	
Upon approval, the school will receive an approved for	arriers must be approved by the school board and Super on from the Superintendent, *	intendent.

AUG 2 5 2025

8005.01F

### FIELD TRIP BUS REQUEST FORM

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	, and the second	
Employee(s) In Charge: Justin Romney	Group: Choir	
Destination: Hyatt Regency, Downtown	Louisville, KY	
Date(s) of Trip: Feb 4-6, 2026	Time of Departure: 12:30 P.M. Time of	Return: 2/7 10:30 P.M.
Approximate Mileage (one way):	21 *	
Approximate Number of Students:	15	
Number of Chaperones/Adults:	1	RIE
TOTAL TRANSPORTED:16	*	G CELLE
Number of Buses:1		Oca AUG 02
*{44 Person Maximum for MS/HS} {60 Person *These numbers include both students and all a	*  **  **  **  **  **  **  **  **  **	TEACHING &
Method of Transportation (if not by school	l bus): (sharing bus with OCHS Choir) Bus f	or delivery only. Parents
*Common Carriers must be Board approved a *All tolls are the responsibility of the school of	nd should have the 8005.02F accompanying this form	<i>i</i> *
Trip Required or Optional: optional		
If optional, indicate student charges: Transportation (mileage Admissions Other	\$\frac{10}{\$60}\$\$(hotel) 200	
Total	Charges \$\frac{270}{}	
Number of Instructional Days Lost: 2.5		
	What is to be learned? How will the experience b	e used and evaluated?
Participation in the KMEA All-State Cl		
Requested by: Justin Romney	Date: <u>8/</u>	01/25
	APPROVAL/DISAPPROVAL	
Approved/Disapproved:	ero Corres Principal	Date: 8-1-25
Approved/Disapproved:	, Level Director	0/-/
Approved/Disapproved:	, Superintendent	
*Field trips in excess of a 60-mile radius of the Boo	ard office require the approval of the Superintendent.  on Carriers must be approved by the school board and Supe	

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

## Field Trip Bus Request Form

OVERNIGHT D	EXTENDED DAY   (Same day but extends beyond the school day)	DAY TRIP ONLY $\square$
School OCMS	parties and an entitle copyright the believe alsy	
Employee(s) in Charge: Koc	his Beardsley Group:	Nature Club
^	ain Setilement School	
	Time of Departure: '7' 00 am	Time of Return: 4:30 cm
Approximate Mileage (one wa	and the second s	
Approximate Number of Stude	ents:50	
Number of Chaperones/Adults	:5	
TOTAL TRANSPORTED:	55	
*{44 Person Maximum for HS/HS}{6		
	et by school bus):	
Method of Transportation (if n	or by school bus)	ansportation
*All tolls are the responsibility of the	school or group requesting the trip	2.30 AF.2 wun irus form
Trip Required or Optional:	Optional	
If optional, indicate student characteristics and the Transportation (mileage Admissions Other		
Total Char	ges \$ 19,850	
Number of Instructional Days I	Lost:3	
Justification: Why is the trip n evaluated? Pine Mountain	ecessary? What is to be learned? How Settlement School offers or w	will the experience be used and
heritage experience. S	hidents experience le classes s	such as blacksmothing, woodw
	ng with Nature in beautiful Egy	J- :
Requested by: Kathy Bea	ardsley	Date: July 8, 2025
	APPROVAL/DISAPPROVAL	
Approved/Disapproved:	, Principal	Date: 8/5/25
Approved/Disapproved:	, Level Directo	or Date: 8/6/W
Approved/Disapproved:	, Superintende	nt Date:
*Field trips in excess of a 60-mile radius of the *ALL Overnight Field Trips and trips using Co	Board office require the approval of the Superintendent.  mmon Carriers must be approved by the Board and Super.	intendent
Upon approval, the school will receive an appro		
RELATED PROCEDURES:	RECEIVED	
09 36 (all procedures)	KIBUSIN	

Page 1 of 1

Review/Revised:5/20/2024

## Vehicle Request Form

School OCMS Faculty Member(s) sponsoring trip Kathy Beardsley
Date trip was approved By whom
School OCMS Faculty Member(s) sponsoring trip Kathy Beardsley  Date trip was approved By whom  Destination Pine Mountour Address 36 Huly 510  Dout-of-State  Phone (606) 558-3571
Out-of-County
Within-County Overnight (Give name, address, phone # of lodging)  Same as above
Date(s) of Trip Oct 14-16 Departure Time 7.00 an Return Time 4.30 pm
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, INCLUDIN THE DRIVER'S SALARY, PLUS ANY APPLICABLE OVERTIME WAGES AND DEDUCTIONS REQUIRED BY LAW.
Charge trip expenses to: Nature Club
Sponsoring organization
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  [M. Check here if luggage equipment, projects, etc., will be transported (Specify)]
Check here if luggage, equipment, projects, etc., will be transported. (Specify) luggage
Kathy Beardsley 7/8/25 Faculty Sponsor's Signature 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

## FIELD TRIP BUS REQUEST FORM Related to: Policy 8005, 4055, 8005AR; 8005.001F

8005.01F

OVERNIGHT	EXTENDED DAY  (Same day but extends beyond the school day)
Scho <mark>ol;                                   </mark>	
Employee(s) In Charge: Amanda Buchho	Z Group: NOHS Marching Band
Destination: George Rogers Clark High	School
Date(s) of Trip; 10/11/25	_ Time of Departure: 8am Time of Return: 12am
Approximate Mileage (one way):	<mark>7 *</mark>
Approximate Number of Students:	37
Number of Chaperones/Adults:	
TOTAL TRANSPORTED: 41	*
Number of Buses:1	_
*{44 Person Maximum for MS/HS} {60 Person a *These numbers include both students and all ac	*  Maximum for ELEM} ults (bus driver, teachers, coaches, chaperones, etc.)  pus):  I should have the 8005.02F accompanying this form*  roup requesting the trip.
Method of Transportation (if not by school	ous):
*Common Carriers must be Board approved an *All tolls are the responsibility of the school or	should have the 8005,02F accompanying this form* roup requesting the trip.
Trip Required or Optional:	
If optional, indicate student charges: Transportation (mileage, Admissions Other	lriver)
Total (	harges \$
Number of Instructional Days Lost:	_
Justification: Why is the trip necessary? Will Marching Band Competition	at is to be learned? How will the experience be used and evaluated?
Requested by: Amanda Buchholz	Date: 07/24/2025
A	PPROVAL/DISAPPROVAL
Approved/Disapproved: 141	Principal Date: 7/28/25
Approved/Disapproved:	, Level Director Date: 7/30 /26
Approved/Disapproved:	utt Huald, Superintendent Date: 0. 4. 25
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common	office require the approval of the Superintendent. Carriers must be approved by the school board and Superintendent.
Upon approval, the school will receive an approved for	m 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

8005.01F

Related to: Policy 8005, 4055, 8005AR; 8005.001F	
OVERNIGHT	EXTENDED DAY  (Same day but extends beyond the school day)
School: North Oldham HS	The state of the s
Employee(s) In Charge: Amanda Buchho	z Group: NOHS Marching Band
Destination: Washington County High Se	chool
Date(s) of Trip: 9/6/25	_ Time of Departure; 2pm Time of Return: 12am
Approximate wineage (one way).	<del>72</del> *
Approximate Number of Students:	37
Number of Chaperones/Adults:4	
TOTAL TRANSPORTED: 41	*
Number of Buses: 1	
*{44 Person Maximum for MS/HS} {60 Person I *These numbers include both students and all ad	*  Maximum for ELEM} dults (bus driver, teachers, coaches, chaperones, etc.)  bus):
Method of Transportation (if not by school	bus):
*Common Carriers must be Board approved an *All tolls are the responsibility of the school or p	d should have the 8005:02F accompanying this form*
Trip Required or Optional:	
If optional, indicate student charges:  Transportation (mileage, Admissions Other	\$ \$
Total C	Charges \$
Number of Instructional Days Lost:	_
Justification: Why is the trip necessary? Whe Marching Band Competition	nat is to be learned? How will the experience be used and evaluated?
Page and Ly., Amanda Buchholz	Date: 07/24/2025
Requested by:	Date:
A	APPROVAL/DISAPPROVAL
Approved/Disapproved:	, Principal Date: 7/28/25
Approved/Disapproved:	, Level Director Date: 7/30/25
Approved/Disapproved:	22. Huald, Superintendent Date: 8.4.25
*Field trips in excess of a 60-mile radius of the Board	office require the approval of 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,

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

2017, January 18, 2019

### FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT V	EXTENDED DAY  (Same day but extends beyond the school day)	DAY TRIP ONLY
School: Oldham County High School	(Dame and on another begins the series, and)	
	Group: Footba	all
117		
	Time of Departure: Time	
Approximate Mileage (one way):		
Approximate Number of Students:		
Number of Chaperones/Adults:	6	
Number of Chaperones/Adults: 70  TOTAL TRANSPORTED: 70  Number of Buses: 7	*	The state of the s
Number of Buses:		lon the state
*{44 Person Maximum for MS/HS} {60 Person *These numbers include both students and all a	Maximum for ELEM} dults (bus driver, teachers, coaches, chaperones, e	tc.)
Method of Transportation (if not by school	(*)	THE ST
*Common Carriers must be Board approved an *All tolls are the responsibility of the school or	d should have the 8005.02F accompanying this fo group requesting the trip.	nm*
Trip Required or Optional:		
If optional, indicate student charges: Transportation (mileage, Admissions Other	\$ \$	
Total C	Charges \$	
Number of Instructional Days Lost:	: <del>-</del>	
Justification: Why is the trip necessary? W	hat is to be learned? How will the experience	
Requested by: Paul Holien	Date:	07/22/2025
$\sim$	PPROVAL/DISAPPROVAL	
Approved/Disapproved:	DO , Principal	Date: 7/72/25
Approved Disapproved	, Level Director	Date: 7/24/28
Approved/Disapproved:	, Superintendent	***************************************
*Field trips in excess of a 60-mile radius of the Board		
Upon approval, the school will receive an approved for	rm from the Superintendent. *	
RELATED PROCEDURES:		

### FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT V	EXTENDED DAY  (Same day but extends beyond the school day)	DAY TRIP ONLY
School: Oldham County High School		
Employee(s) In Charge: Kirk Thomas	Group: Cros	ss Country
Destination: Com, WC	Grent American XC	Festival
Date(s) of Trip: 10/3 -10/5/15	Time of Departure: Tim	ne of Return:
Approximate Mileage (one way):561	*	
Approximate Number of Students:	<u> </u>	49
Number of Chaperones/Adults:		TO THE PARTY OF TH
TOTAL TRANSPORTED: 34	*	lon My SIN
Number of Buses:	<u>.</u> .	OF. TEAD. \$ 200
*{44 Person Maximum for MS/HS} {60 Person M *These numbers include both students and all adu	ilts (bus driver, teachers, coaches, chaperones	OCBF. TEACHING & LEARNING
Method of Transportation (if not by school b	ous): Jefferson Jours	Mile /
*Common Carriers must be Board approved and *All tolls are the responsibility of the school or g		form*
Trip Required or Optional:	1	ž.
If optional, indicate student charges:  Transportation (mileage, d Admissions Other  Total Cl	\$ \$	
Number of Instructional Days Lost:  Justification: Why is the trip necessary? What	It is to be learned? How will the armonion	oo ha wad and avaluated?
	it is to be learned? How will the experien	
Requested by: Paul Holien	Date	e: 07/22/2025
Requested by:	Date	*
$\sim$ $\sim$ AI	PROVAL/DISAPPROVAL	- 15
Approved Disapproved:	, Principal	Date: 127/2)
Approved/Disapproved: White	, Level Direct	or Date: 7/24/25
Approved/Disapproved:	, Superintende	ent Date:
*Field trips in excess of a 60-mile radius of the Board of *ALL Overnight Field Trips and trips using Common Co		Superintendent.
Upon approval, the school will receive an approved form	n from the Superintendent. *	

RELATED PROCEDURES:

## 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 School	
Employee(s) In Charge: Kirk Thomas	Group: Cross Country
Destination: Ky Horse Park	<
Date(s) of Trip: 10/31/25 -11/1	Time of Departure: Time of Return: 5 pm
Approximate Mileage (one way):	*
Approximate Number of Students:	20
Number of Chaperones/Adults:	
TOTAL TRANSPORTED: 76	*
Number of Buses:	- Local VI SING
	ults (bus driver, teachers, coaches, chaperones, etc.)
Method of Transportation (if not by school	ous): School Bus
*Common Carriers must be Board approved and *All tolls are the responsibility of the school or g	anoma nave inc ocos, ozi accompanying imajorm
Trip Required or Optional:	
If optional, indicate student charges:  Transportation (mileage, of Admissions Other	S
Total C	harges \$
Number of Instructional Days Lost:	
Justification: Why is the trip necessary? Wh	at is to be learned? How will the experience be used and evaluated?
Requested by: Paul Holien	Date: 07/22/2025
A)	PPROVAL/DISAPPROVAL , /o/
Approved/Disapproved:	Principal Date: 778
Approved/Disapproved: Manual	Level Director Date: 7/24/25
Approved/Disapproved:	, Superintendent Date:
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common C	office require the approval of the Superintendent. Carriers must be approved by the school board and Superintendent.
Upon approval, the school will receive an approved for	m from the Superintendent. *
DEL TRED BDO CEDADA	

RELATED PROCEDURES:

### FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT V	EXTENDED DAY DAY TRIP ONLY (Same day but extends beyond the school day)
School: Oldham County High School	
Employee(s) In Charge: Mark Robson	Group: Boys Soccer
Destination: Various Locatio	и,5
Date(s) of Trip: 10/19 - 11/1/25	Time of Departure: TBA Time of Return: TBA
Approximate Mileage (one way):	*
Approximate Number of Students:	
Number of Chaperones/Adults:	5
TOTAL TRANSPORTED: 45	*
Number of Buses:	- Copy Of a Sign
*{44 Person Maximum for MS/HS} {60 Person *These numbers include both students and all ac	*  Maximum for ELEM? fulls (bus driver, teachers, coaches, chaperones, etc.) bus):  d should have the 8005.02F accompanying this form*
Method of Transportation (if not by school	bus):
*Common Carriers must be Board approved an *All tolls are the responsibility of the school or	d should have the 8005.02F accompanying this form* group requesting the trip.
Trip Required or Optional:	
If optional, indicate student charges: Transportation (mileage, Admissions Other	\$ \$
Total C	Charges \$
Number of Instructional Days Lost:	_
Justification: Why is the trip necessary? WI	nat is to be learned? How will the experience be used and evaluated?
Requested by: Paul Holien	Date: 07/22/2025
	PPROVAL/DISAPPROVAL
Approved/Disapproved:	Principal Date: 7/22/25
Approved/Disapproved: MA	, Level Director Date: 7/29/05
Approved/Disapproved:	, Superintendent Date:
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common	office require the approval of the Superintendent. Carriers must be approved by the school board and Superintendent.
Upon approval, the school will receive an approved fo	rm from the Superintendent. *

## FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT V	EXTENDED DAY  (Same day but extends beyond the school day)	DAY TRIP ONLY
School: Oldham County High School	the school day)	
Employee(s) In Charge: Chris Meredit	Group: Boys	Golf
Destination: State 66 Si	te Group.	
Date(s) of Trip: 10/7 - 10/9/23	Time of Departure: TOA Time	of Potumi TO3 A
Approximate Mileage (one way):	- 120 *	of Return:
Approximate Number of Students:		
Number of Chaperones/Adults:	2	(3)
TOTAL TRANSPORTED: 7	*	Killing
Number of Buses:		Oca My Sally
*[44 Person Maximum for MS/HS] [60 Person		etc.)  OCRE. PERCHICA SUSS
Method of Transportation (if not by scho		Alen .
*Common Carriers must be Board approved *All tolls are the responsibility of the school of	and should have the 8005.02F accompanying this f ir group requesting the trip.	orm*
Trip Required or Optional:		
If optional, indicate student charges: Transportation (mileage Admissions Other	s, driver) \$ \$ \$	
Total	Charges \$	
Number of Instructional Days Lost:	5	
Justification: Why is the trip necessary? W	What is to be learned? How will the experience	
Requested by: Paul Holien	Date:	07/22/2025
	APPROVAL/DISAPPROVAL	
Approved/Disapproved: Atl	8704 Principal	Date: 7/77/25
Approved/Disapproved: Manuel	, Level Director	1100
Approved/Disapproved:	, Superintendent	, , , , , , , , , , , , , , , , , , , ,
Field trips in excess of a 60-mile radius of the Boar	d office require the annual - Cal a	
Tibb Overnight Freid Trips and trips using Common	Carriers must be approved by the school board and Sup	erintendent.
lpon approval, the school will receive an approved f	orm from the Superintendent. *	
RELATED PROCEDURES:		ž,

### 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 School		
Employee(s) In Charge: Ryan Warner	Group: Girls V	olleyball
Destination: George Rovers	Clark	
Date(s) of Trip: 11/3 - 11/8/25	Time of Departure:TBATime of	of Return: TBA
Approximate Mileage (one way):	<del>20 *</del>	
Approximate Number of Students:		
Number of Chaperones/Adults:	4	50
TOTAL TRANSPORTED: 24	*	land.
Number of Buses:	<u></u>	Con The Paris
*{44 Person Maximum for MS/HS} {60 Person a *These numbers include both students and all ac	Maximum for ELEM} lults (bus driver, teachers, coaches, chaperones, etc	C.) CORP. THE PROPERTY OF THE PARTY OF THE P
Method of Transportation (if not by school	bus):	Car 5
*Common Carriers must be Board approved an *All tolls are the responsibility of the school or y	d should have the 8005.02F accompanying this for group requesting the trip.	m*
Trip Required or Optional:		
If optional, indicate student charges: Transportation (mileage, Admissions Other Total C	driver) \$ \$ \$ Charges \$	
Number of Instructional Days Lost:	-	
	nat is to be learned? How will the experience	
Requested by: Paul Holien	Date: C	07/22/2025
	PPROVAL/DISAPPROVAL	10 7
Approved All'S	Ol, Principal	Date: 7/1/15
Approved/Disapproved:	, Level Director	Date: 7/24/25
Approved/Disapproved:	, Superintendent	Date:
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common	office require the approval of the Superintendent. Carriers must be approved by the school board and Supe	zrintendent.
Upon approval, the school will receive an approved for	rm from the Superintendent. *	

### 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 School	<u> </u>	
Employee(s) In Charge: Brian Gosnell	Group: Girl	s Soccer
Destination: Semi State /	state	
Date(s) of Trip: 10/19-11/1/	5 Time of Departure:TBATir	ne of Return: TBA
Approximate Mileage (one way):	120 *	
Approximate Number of Students:		a
Number of Chaperones/Adults:	4	
TOTAL TRANSPORTED: 2	<u>-9</u> *	50
Number of Buses:	_	Control of the Contro
*{44 Person Maximum for MS/HS} {60 Person *These numbers include both students and all a		s, etc.)
Method of Transportation (if not by school	bus):	The state of the s
*Common Carriers must be Board approved an *All tolls are the responsibility of the school or		is form*
Trip Required or Optional:	-	16
If optional, indicate student charges: Transportation (mileage, Admissions Other Total	driver) \$ \$ \$ Charges \$	
Number of Instructional Days Lost:		
Justification: Why is the trip necessary? W		
Requested by: Paul Holien	Dat	te: 07/22/2025
	APPROVAL/DISAPPROVAL	•
Approved/Disapproved:	(A) Principal	Date: 7/27/26
Approved/Disapproved:	Level Direc	tor Date: 7/24/25
Approved/Disapproved:	, Superintend	ent Date:
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common		Superintendent.
Upon approval, the school will receive an approved for	rm from the Superintendent. *	
RELATED PROCEDURES:		

RELATED PROCEDURES:

### 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 School		
Employee(s) In Charge: Leah Pehlke	Group: Girls 0	Golf
Destination: TBD		2
Date(s) of Trip: 10/2 - 10/9/25	Time of Departure: Time	of Return: TBA
Approximate Mileage (one way):		
Approximate Number of Students:	5	
Number of Chaperones/Adults:	2	Col
TOTAL TRANSPORTED: 7	*	Titl
Number of Buses:	_	(20 4) Sal
	lults (bus driver, teachers, coaches, chaperones, e	etc.) Hallow Ross
Method of Transportation (if not by school	bus): Parents	100 B
*Common Carriers must be Board approved an *All tolls are the responsibility of the school or	d should have the 8005,02F accompanying this fo group requesting the trip.	*וויזכ
Trip Required or Optional:		Care Control of the C
If optional, indicate student charges: Transportation (mileage, Admissions Other Total C	driver) \$ \$ \$ Charges \$	
Number of Instructional Days Lost:		
	nat is to be learned? How will the experience	be used and evaluated?
Requested by: Paul Holien	Date:	07/22/2025
~ 1 A	PPROVAL/DISAPPROVAL	
Approved/Disapproved	760, Principal	Date: 7/27/25
Approved/Disapproved:	, Level Director	Date: 7/24/25
Approved/Disapproved:	, Superintendent	t Date:
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common &	office require the approval of the Superintendent. Carriers must be approved by the school board and Sup	perintendent.
Upon approval, the school will receive an approved for	m from the Superintendent. *	
RELATED PROCEDURES:		

### FIELD TRIP BUS REQUEST FORM

09.36 AP.212

OVERNIGHT		NDED DAY	e school day)	DAY TRIP ONLY
School: Oldham Co HS				
Employee(s) In Charge: Stacey White	lock		Group: Track a	nd Field
Destination: Huntsville, AL				
Date(s) of Trip: 3/26/26 - 3/29/26	Time c	of Departure: 5pm	Time of	Return: 10pm
Approximate Mileage (one way):	320	*		RECENT
Approximate Number of Students:	80			
Number of Chaperones/Adults:	6	_		RECEIVANG 1420
TOTAL TRANSPORTED:	86	*		OCBE - TEACHING & L
Number of Buses:2				The state of the
*{44 Person Maximum for MS/HS} (60 Pe *These numbers include both students and	all adults (bus	driver, teachers, coac	nes, chaperones, etc	3
Method of Transportation (if not by sc	hool bus): Co	mmercial Buses	/Sandollar	Limousine
*Common Carriers must be Board approve *All tolls are the responsibility of the school	ed and should h ol or group requ	ave the 8005.02F accuesting the trip.	companying this for	<i>n</i> *
Trip Required or Optional:		*		
If optional, indicate student charges: Transportation (mile Admissions Other	age, driver)	\$ \$ \$		
To	otal Charges	\$		
Number of Instructional Days Lost: 1				
Justification: Why is the trip necessary Leave after school on March 26 ar	? What is to b	oe learned? How wi	ll the experience I ing Break Track	oe used and evaluated? and Field trip
Requested by: Paul Holien			Date: 0	7/28/2025
	APPROV	AL/DISAPPROV	AL	
Approved/Disapproved:	1º Bro	)	, Principal	Date: 8/11/25
Approved/Disapproved:		=	, Level Director	Date: 8 14 25
Approved/Disapproved:			, Superintendent	Date:
*Field trips in excess of a 60-mile radius of the *ALL Overnight Field Trips and trips using Co	mmon Carriers m	nust be approved by the	Superintendent. school board and Supe	erintendent.
Upon approval, the school will receive an appro	ovea form from th	е опреттепает. **		



## Sandollar Limousine

Office: 321 Outer Loop Hwy Louisville , KY 40214 Phone: 502.366-2628

Email: Evan@sandollarlimo.com

Contract:	
Driver:	
Sales Associate:	Evan
Prepared by:	Taylor
Prepared by:	Taylor

Client:	Oldi	nam County High School	Date of Service	3/26/26 th	ru 3/29/26
Contact:	Stac	cey Whitlock		3/ 20/ 20 til	14 3/ 23/ 20
E-Mail:	stac	ey.whitlock@oldham.kyschools.us	Start Time		
Other:			End Time	0. 23	
Vehicle T	ype:	2 Motorcoach	Client is responsible to inform Sandollar of any passenger count exceeding 45 passengers (not to exceed 55 passengers/coach reserved)		
Transport	ation	Details	eaced 55 passenge	20,00000	
3/26/26					
4:00PM		Arrive prepared for loading at Oldham C	ounty High School		
		1150 KY-393, LaGrange, KY 40031			
4:30PM		Depart for Hotel			
3/27/26					
		Follow Team Itinerary			
	Milton Frank Stadium 2801 15th Ave SW, Huntsville, AL 35805				
3/28/26	ì				
		Follow team itinerary			
3/29/26					
TBD		Return to Oldham County High School	-		
		1150 KY-393, LaGrange, KY 40031			
Additional	Comi	ments: Client is responsible for Driver lodgin	g, parking fees and	tolls—if applic	able
Charter Fe	es				\$8770.00
					(\$4385/bus)
Driver Gra	tuity (	(Clients' Discretion)	15% 🗆 20%	□Other	
PAYMENT	RECE	IVED			

Client:			Contract:		
Contact:					
E-Mail:					
Other:					
	l=v	DIDATION DATE		lovo #	
CARD #	EX	PIRATION DATE:		CVC #	
CARD HOLDER NAME					
COMPANY NAME					
BILLING ADDRESS					
Sandollar to schedule driver.  The client may requ days prior to their date of se  The client may requ eight (48) hours prior to the  No refunds are ava (47) hours of their date of s	y made available to Sandollar cliers and vehicles accordingly. est a full refund, less the deposit, invice. est a fifty percent (50%) refund if the date of service. ilable to a client for any cancellations.	the reservation is can ne reservation is cand on made when their	ncelled by the elled between cancellation r	client at le thirteen (1 request is v	east fourteen (14)
Contract Agreement: Sandollar requires a 10% or \$200, whichever is greater, non refundable, deposit for reservations at the time booking. This deposit is included in the total contract price. The balance of the charter must be paid in full, a minimum of fourteen (14) days prior to the trip departure. Sandollar has a no tobacco use policy in all of our vehicles. This includes smoking, vaping, and chewing tobacco. The Client is responsible for passengers and assumes full financial responsibility for any damage to vehicle caused by Client or passenger, whether by accident, neglect or intent. We assume no responsibility for articles left in vehicle. Sandollar may terminate charter at any time without refund if they deem the party unruly or endangering the safe operation of the vehicle or illegal activities. Sandollar shall not be responsible for any delays or inconveniences due to traffic, unforeseen mechanical failures or situations deemed as 'Act of God'. While we strive to maintain microphones, radios, and DVD players we are not responsible for any damage that our electronic devices cause to physical property or any inconveniences that the electronics may cause. Sandollar reserves the right to add a fuel surcharge should it become necessary. In this event you would receive written notice and sent a new contract before the charter date. We reserve the right to substitute alternative vehicles in the event of an occurrence beyond our control OR cancel contract. Upon reaching a destination, if the driver's total driving hours have been used, the driver must have a minimum of 9 consecutive hours off duty before local service may be performed before returning to duty. Client assumes full financial responsibilities for all payments due at the end of the charter, including but not limited to overtime, damage fees, or excessive cleaning that may be required. Price is based on Itinerary given. Any changes prior to departure must be approved by Sandollar. Any changes after departure may be accommodated if possible but shal					
I, card for the incurred during this charter	, authorize Sando ne amount(s) indicated on pag er per this contract.	ollar Limousine of e one as well as a	Louisville, ny overages,	Kentucky damages	to charge my , or incidentals
Client's Signature:				Date:	
Accepted by Sandollar:				Date:	



## Sandollar Limousine

Office: 321 Outer Loop Hwy Louisville , KY 40214 Phone: (502) 366-2628 Email: Evan@sandollarlimo.com

Contract:	
Driver:	

$\sim$			1.5	
Client:	Oldh	nam County High School	Date of Service	3/26/26 thru 3/29/26
Contact:		eey Whitlock	Start Time	
E-Mail:		ey.whitlock@oldham.kyschools.us	End Time	
Other:				
Vehicle T	ype:	1 Motorcoach		<u>-</u>
Transport	tation	Details		
3/26/26				
4:00PM		Arrive prepared for loading at Oldham	County High School	
		1150 KY-393, LaGrange, KY 40031		
4:30PM		Depart for Hotel		
3/27/26	;			
		Follow Team Itinerary		
		Milton Frank Stadium 2801 15th Ave	SW, Huntsville, AL 35	805
3/28/26				
		Follow team itinerary		
3/29/26				
TBD		Return to Oldham County High Schoo		
	1150 KY-393, LaGrange, KY 40031			
Additional	Com	ments:		*
By Signing be	elow, yo	ou are verifying that the services listed above have	been completed	
CLIENT'S SI	GNATI	JRE:	DATE:	
Office Use Or Drivers, by si	nly: gning b	pelow you are verifying that you have completed a full has at least one half tank of gas. Please list dama	Ill inspection of the vehicle in	cluding removal of trash as well as
		RE:		
JILIVER SIG	INCIUN	\L-1		

### FIELD TRIP BUS REQUEST FORM

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

8005.01F

OVERNIGHT 🗸	EXTENDED DAY  (Same day but extends beyond the	DAY TRIP ONL	Y
School: Oldham County High School		*** 	
Employee(s) In Charge: Denise O'Brien &	Paige New	Group: BETA Club	
Destination: BETA Summitt, Sivierville, T	N		
Date(s) of Trip: 9-18 / 9-19-2026	_Time of Departure: 6 am	Time of Return: 5pm	
Approximate Mileage (one way):27	*		
Approximate Number of Students:	4		
Number of Chaperones/Adults: 2		REC	EIRO
	*		EU WE
Number of Buses:0	<u> </u>	AUG 1	4 2025
*{44 Person Maximum for MS/HS} {60 Person M *These numbers include both students and all add	ults (bus driver, teachers, coacl		NG & LEAR!
Method of Transportation (if not by school b	ous): Request school van		
*Common Carriers must be Board approved and *All tolls are the responsibility of the school or g		companying this form*	
Trip Required or Optional:		A	
If optional, indicate student charges:  Transportation (mileage, of Admissions Other	\$0 \$150.00		
Total C	harges \$ <u>150.00</u>	<del></del>	
Number of Instructional Days Lost: 2	_		
Justification: Why is the trip necessary? Wh BETA Leadership Summit is an opportu- skills,and build character. Student will a leadership sessions, interact with keyno- opportunity to qualify for national conve	unity for BETA officiers to engage with peers from a ote speakers, participate ntion which is our goal.	boost confidence, broaden leaderslarond the surrounding states, attendin challenges as a group, and	hip
Requested by: Denise O'Brien & Paige No.	ew .	Date: 08/04/2025	
A A	PPROVAL/DISAPPROV	AL	LE
Approved/Disapproved:	20-	, Principal Date: 8/11/25	
Approved Disapproved:		, Level Director Date: VIVI 25	<u></u>
Approved/Disapproved:		, Superintendent Date:	
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common C			
Upon approval, the school will receive an approved for	m from the Superintendent. *		

### FIELD TRIP BUS REQUEST FORM

Ω	nn	E 1	11	17
ŏ	00	٥.١	IJ	r

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

OVERNIGHT V	EXTENDED DAY (Same day but extends beyond the school day)	DAY TRIP ONLY
School: North Oldham High School	(Sume day our extends beyond me senous day)	
Employee(s) In Charge: Tyler Smith	Group: Choru	S
Destination: Centre College, Norton Cen	nter for the Arts	
Date(s) of Trip: 11/7-11/8/25	Time of Departure: 7:30 AM Time	of Return: 7:00 PM (11/8)
Approximate Mileage (one way):1	*	
Approximate Number of Students:	10	
Number of Chaperones/Adults:	2	
TOTAL TRANSPORTED:0	*	230
Number of Buses:0	_	2 Z Q
*{44 Person Maximum for MS/HS} {60 Person *These numbers include both students and all a	dults (bus driver, teachers, coaches, chaperones, e	etc.)
Method of Transportation (if not by school	bus): Parent Transportation	
*Common Carriers must be Board approved an *All tolls are the responsibility of the school or	nd should have the 8005.02F accompanying this fo	orm*
Trip Required or Optional: Optional		10
If optional, indicate student charges: Transportation (mileage, Admissions Other Total	driver) \$\$65 \$	
Number of Instructional Days Lost: 1		
Students will attend the KY ACDA Hora		will allow them to sing re, they will perform ander the baton of fantastic
Requested by: Tyler Smith	Date:	08/11/2025
	APPROVAL/DISAPPROVAL	
Approved/Disapproved:	, Principal	Date: 8/11/25
Approved Disapproved:		
Approved/Disapproved:	, Superintender	
*Field trips in excess of a 60-mile radius of the Boar	d office require the approval of the Superintendent. Carriers must be approved by the school board and St	uperintendent.

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

### 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 School		
Employee(s) In Charge: Dave Mutchler	Group: Baseball	
Destination: Panama City Beach, FL		
Date(s) of Trip: April 5-11, 2026	_ Time of Departure: <mark>7am</mark> Time of I	Return: 10pm
Approximate Mileage (one way):6	*	
Approximate Number of Students:	40	5
Number of Chaperones/Adults:5		18
TOTAL TRANSPORTED: 45	*	الله الله
Number of Buses:		皇一
The state of the s	ults (bus driver, teachers, coaches, chaperones, etc.)	4 2025 NG & LE
Method of Transportation (if not by school	bus): Parents	- A
*Common Carriers must be Board approved and *All tolls are the responsibility of the school or s	l should have the 8005.02F accompanying this form group requesting the trip.	*
Trip Required or Optional:		
If optional, indicate student charges: Transportation (mileage, and Admissions Other	\$ \$	
Total C	narges \$	
Number of Instructional Days Lost: 0	=	
Justification: Why is the trip necessary? Whe Spring Break Baseball Trip to PCB	nat is to be learned? How will the experience be	e used and evaluated?
Requested by: Paul Holien		/28/2025
A	PPROVAL/DISAPPROVAL	2) 10 2
Approved/Disapproved:	Principal I	Date: 8/11/25
Approved/Disapproved:	, Level Director I	Date: 8/14/25
Approved/Disapproved:	, Superintendent I	Date:
	Carriers must he approved by the school hoard and Superi	intendent.
Upon approval, the school will receive an approved for	rm from the Superintendent. *	

### 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 Co HS		
Employee(s) In Charge: Trapper Thomps	on Group: Softb	pall
Destination: Ft Walton Beach		
Date(s) of Trip: April 4-11, 2026	Time of Departure: 7amTim	e of Return: 10pm
Approximate Mileage (one way):6	<del>37</del> *	
Approximate Number of Students:	30	
Number of Chaperones/Adults:	i	
TOTAL TRANSPORTED:36	*	7.9
Number of Buses:	_	18 4 1001
*[44 Person Maximum for MS/HS] [60 Person *These numbers include both students and all ac	dults (bus driver, teachers, coaches, chaperones,	etc.)
Method of Transportation (if not by school		
*Common Carriers must be Board approved an *All tolls are the responsibility of the school or	d should have the 8005.02F accompanying this group requesting the trip.	form*
Trip Required or Optional:	<del>_</del>	18
If optional, indicate student charges: Transportation (mileage, Admissions Other	driver) \$ \$ \$	
Total C	Charges \$	
Number of Instructional Days Lost: 0	<b>=</b>	
Justification: Why is the trip necessary? W Ft Walton Beach Bash Spring Break S		ce be used and evaluated?
Requested by: Paul Holien	Date	e: 07/28/2025
	APPROVAL/DISAPPROVAL	
Approved/Disapproved:	Principal	Date: 8/11/25
Approved/Disapproved:	, Level Direct	or Date: 8/14/25
Approved/Disapproved:	, Superintende	ent Date:
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common	l office require the approval of the Superintendent. Carriers must be approved by the school board and	Superintendent.
Upon approval, the school will receive an approved for		

RELATED PROCEDURES:

#### FIELD TRIP BUS REQUEST FORM

8005.01F

Related to: Policy 8005, 4055, 8005AR; 8005.001F	
(Same day but extends beyond the school day)	TRIP ONLY
School: North Oldham High School	
Employee(s) In Charge: Tyler Smith Group: Chorus	
Destination: University of Kentucky Singletary Center for the Arts	
Date(s) of Trip: 09/12-09/13/25 Time of Departure: 3:30 PM (9/12 Time of Return:	6:00 PM (9/13)
Approximate Mileage (one way):*	
Approximate Number of Students: 20	
Number of Chaperones/Adults:3	
TOTAL TRANSPORTED:*	The state of the s
Number of Buses:0	on A. Q
*{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.)	October 1 to Octob
Method of Transportation (if not by school bus): Parent Transportation	- Co
*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.	A LETTER OF
Trip Required or Optional: Optional	18
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 at Students have the opportunity to attend the University of Kentucky Bluegrass Music Fest choir experience housed at the University of Kentucky. There, they will sing with students state of Kentucky and work with extremely talented clinicians on diverse and rigorous repulling in a performance on Saturday, September 13th showcasing their hard work.	tival, an honor from across the pertoire, all
Requested by: Tyler Smith Date: 08/11/202	25
APPROVAL/DISAPPROVAL	
Approved/Disapproved: My S, Principal Date:	8/12/25
Approved/Disapproved: , Level Director Date:	8/4/25
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. \*

### FIELD TRIP BUS REQUEST FORM

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

8005.01F

OVERNIGHT	EXTENDED DAY V DAY TRIP ONLY
School: Oldham County Middle School	(Same day but extends beyond the school day)
Employee(s) In Charge: Emma Harrison	Group: Select 8th Grade Choir Students
Destination: Lexington, KY- Singletary	
Date(s) of Trip: Sat. 9/13/25	Time of Departure: 7:30am Time of Return: 6:30pm
	80 *
Approximate Number of Students:	12
	3
TOTAL TRANSPORTED: 25	*
Number of Buses:0	land land
*{44 Person Maximum for MS/HS} {60 Person	*  Maximum for ELEM} dults (bus driver, teachers, coaches, chaperones, etc.) bus): Parents drive students to & from event  d should have the 8005.02F accompanying this form* group requesting the trip.
Method of Transportation (if not by school	bus): Parents drive students to & from event
*Common Carriers must be Board approved an *All tolls are the responsibility of the school or	d should have the 8005.02F accompanying this form* group requesting the trip.
Trip Required or Optional: Optional	The state of the s
If optional, indicate student charges: Transportation (mileage, Admissions Other Total	driver) \$ \$20 \$ Charges \$\frac{20}{}
Number of Instructional Days Lost: 0	<del> </del>
	hat is to be learned? How will the experience be used and evaluated?
	sing with high school students from across the state!
Requested by: Emma Harrison	Date: 08/06/2025
	APPROVAL/DISAPPROVAL
Approved/Disapproved:	Principal Date: 8/13/25
Approved/Disapproved:	, Level Director Date: 8118125
Approved/Disapproved:	, Superintendent Date:
*Field trips in excess of a 60-mile radius of the Boar *ALL Overnight Field Trips and trips using Common	office require the approval of the Superintendent.  Carriers must be approved by the school board and Superintendent.
Upon approval, the school will receive an approved f	6 · · · · · · · · · · · · · · · · · · ·

### FIELD TRIP BUS REQUEST FORM

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

8005.01F

OVERNIGHT V	EXTENDED DAY  (Same day but extends beyond the	DAY TRIP ONLY
School: Oldham County Middle School	(Same day but extends beyond the	school ady)
Employee(s) In Charge: Emma Harrison		Group: Select 6-8 Choir Students
Destination: Danville, KY - Centre College		•
Date(s) of Trip: Fr. 11/7-Sat. 11/8/25	_ Time of Departure: 7am	Time of Return: 7pm 11/8
	*	
Approximate Number of Students: 10 ur	nknown	Fig.
Number of Chaperones/Adults: 11 unk	nown	E P
TOTAL TRANSPORTED: 21	*	AFFE SE
Number of Buses:		
*{44 Person Maximum for MS/HS} {60 Person } *These numbers include both students and all ad	lults (bus driver, teachers, coach	
Method of Transportation (if not by school	bus): Parents take student	s and stay with them overnight
*Common Carriers must be Board approved and *All tolls are the responsibility of the school or g	group requesting the trip.	ompanying this form*
Trip Required or Optional: Optional to au	dition	
If optional, indicate student charges:  Transportation (mileage, and Admissions Other	\$250 \$	
Total C	Charges \$250	
Number of Instructional Days Lost: 1	=	
Justification: Why is the trip necessary? Whe Students audition against kids from are from top notch directors!		I the experience be used and evaluated? choir of 200+ advanced singers & learn
Requested by: Emma Harrison		Date: 08/06/2025
_ · ^	PPROVAL/DISAPPROVA	L / /
Approved/Disapproved:	/W (	Principal Date: 8/19/23
Approved/Disapproved:	2	Level Director Date: 8/18/25
Approved/Disapproved:		, Superintendent Date:
*Field trips in excess of a 60-mile radius of the Board *ALL Overnight Field Trips and trips using Common		uperintendent.
Upon approval, the school will receive an approved for	rm from the Superintendent. *	