

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: **North Oldham High School**

Employee(s) In Charge: **Brian Crumbo**

Group: **Girls Cross Country**

Destination: **Gatlinburg, TN**

Date(s) of Trip: **July 25-30, 2026** Time of Departure: **11:30 am** Time of Return: **6:00pm**

Approximate Mileage (one way): **280** *

Approximate Number of Students: **25**

Number of Chaperones/Adults: **6**

TOTAL TRANSPORTED: **31** *

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/chaperones will provide transportation.**

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)	\$	50.00
Admissions	\$	0.00
Other	\$	150.00
Total Charges	\$	200.00

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?

Training camp and team-building trip for the fall cross country season. Male chaperones in separate building.

Requested by: **Brian Crumbo**

Date: **11/10/2025**

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 11/13/25

Approved/Disapproved: [Signature], Level Director Date: 11/13/25

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

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OVERNIGHT ☒

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(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: **North Oldham High School**

Employee(s) In Charge: **Jon Wells**

Group: **Wrestling**

Destination: **Coldwater High school 310 N 2nd St, Coldwater OH**

Date(s) of Trip: **01/9/25-1/10/25**

Time of Departure: **6:00 pm**

Time of Return: **TBD**

Approximate Mileage (one way): **200** *

Approximate Number of Students: **18**

Number of Chaperones/Adults: **3**

TOTAL TRANSPORTED: **21** *

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):

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:

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$ **\$ 0.00**

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?

Requested by: **Jon Wells**

Date: **11/18/2025**

APPROVAL/DISAPPROVAL

Approved/Disapproved: **[Signature]**, Principal

Date: **11/18/25**

Approved/Disapproved: **[Signature]**, Level Director

Date: **11/20/25**

Approved/Disapproved: **[Signature]**, Superintendent

Date:

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OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: **North Oldham High School**

Employee(s) In Charge: **Jon Wells**

Group: **Wrestling**

Destination: **Corbin Arena Corbin, KY**

Date(s) of Trip: **1/30/25-1/31/25**

Time of Departure: **6:30 pm**

Time of Return: **TBD**

Approximate Mileage (one way): **170** *

Approximate Number of Students: **18**

Number of Chaperones/Adults: **3**

TOTAL TRANSPORTED: **21** *

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):

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:

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$ **\$ 0.00**

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?

Requested by: **Jon Wells**

Date: **11/18/2025**

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal

Date: 11/18/25

Approved/Disapproved: [Signature], Level Director

Date: 11/20/25

Approved/Disapproved: _____, Superintendent

Date: _____

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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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OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: **North Oldham High School**

Employee(s) In Charge: **Jon Wells**

Group: **Wrestling**

Destination: **Great Crossing High School, Georgetown KY**

Date(s) of Trip: **01/02/25-01/03/25**

Time of Departure: **7:30 am**

Time of Return: **TBD**

Approximate Mileage (one way): **73** *

Approximate Number of Students: **18**

Number of Chaperones/Adults: **3**

TOTAL TRANSPORTED: **21** *

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):

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:

If optional, indicate student charges:

Transportation (mileage, driver) \$

Admissions \$

Other \$

Total Charges \$ **\$ 0.00**

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?

Requested by: **Jon Wells**

Date: **11/18/2025**

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 11/18/25

Approved/Disapproved: [Signature], Level Director Date: 11/20/25

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 school board and Superintendent.

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

Adopted

Oldham County Board of Education

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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

School-Related Student Trip Request Form**OVERNIGHT** ☐**EXTENDED DAY** ☒**DAY TRIP ONLY** ☐

(Same day but extends beyond the school day)

School North Oldham HSEmployee(s) in Charge: Amanda BuchholzGroup: NOHS Band StudentsDestination: Galt House HotelDate(s) of Trip: 2/4-2/7 Time of Departure: 1:15 Wed Time of Return: 6pm SatApproximate Mileage (one way): 30Approximate Number of Students: 7ishNumber of Chaperones/Adults: 1TOTAL TRANSPORTED: 8

*{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): Parent 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: _____

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: _____

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

Students will participate in the All-State Band event. Because of the small numbers, parents will transport their students to the event and pick them up when it's over.

Requested by: Amanda D BuchholzDate: 12/3/25**APPROVAL/DISAPPROVAL**Approved/Disapproved: [Signature], PrincipalDate: 12/4/25Approved/Disapproved: [Signature], Level DirectorDate: 12/4/25Approved/Disapproved: [Signature], Superintendent

Date: _____

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*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. *

School-Related Student Trip Request Form

Event Specific Emergency Action Plan (EAP) for School Sanctioned Nonathletic Event Held Off-Campus

Destination/Venue Galt House Hotel

Venue Address 140 N Fourth St, Louisville, KY 40202

Person or email contacted at venue to discuss EAP Kassie Burawski Position/Title of person contacted Event Services Manager

Date (s) of contact 11/3/25

Is there an Automatic External Defibrillator (AED) on site ☒ Yes ☐ No

If yes, where is it located East Tower - 2nd floor lobby, 2nd floor registration, behind the security desk by grand hall, West Tower - 3rd floor near Archibald, 25th floor at Swissair, near security on 1st floor

Does venue have an emergency response team (ERT)? ☒ Yes ☐ No

Process to request AED and/or ERT if needed at the scene their LPSS
team are all CPR and First Aid certified. Notify the front desk if in need of assistance.

Will a portable AED be taken from school on this trip ☐ Yes ☒ No

If yes, who will be responsible for oversight and location of AED _____

Is any other assigned emergency equipment available on field trip?

If so, list location of equipment _____

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP. The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs
- If possible, how to gain access
- Steps that must be taken quickly to initiate the chain of survival
- o Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing)
- o Call 9-1-1 using cell phone or other means of communication
- o Begin Hands-Only CPR (push hard and fast in center of chest about 100times/minute)
- o Retrieve and use the nearest Automated External Defibrillator (AED)
- o Continuing supporting the victim until the local EMS arrives and takes over care
- o Direct EMS to the scene

RELATED PROCEDURES:

09.36 (all procedures)

Review/Revised: 11/17/2025

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

OVERNIGHT ☐

EXTENDED DAY ☐

DAY TRIP ONLY ☐

(Same day but extends beyond the school day)

School North Oldham High School

Employee(s) in Charge: Tyler Smith

Group: Choir

Destination: Hyatt Regency, 320 W Jefferson St., Louisville, KY 40202

Date(s) of Trip: 2/4-2/7/2026 Time of Departure: 9:00am 2/4 Time of Return: 9pm 2/7

Approximate Mileage (one way): 19

Approximate Number of Students: 1

Number of Chaperones/Adults: 1

TOTAL TRANSPORTED: 0

**{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): Parent Transported

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

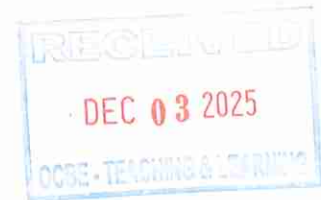
If optional, indicate student charges:

Transportation (mileage, driver) \$0

Admissions \$80.00

Other \$300.00

Total Charges \$380.00



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? This trip & opportunity are among some of the prestigious ones available to our HS singers in KY. As A

participant in the KMEA All State Chorus, an opportunity only afforded the best our state has to offer, students

are subjected to rigorous rehearsals under high quality conductors performing a plethora of challenging repertoire.

Requested by: Tyler Smith

Date: 11/25/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal

Date: 12/1/25

Approved/Disapproved: [Signature], Level Director

Date: 12/3/25

Approved/Disapproved: [Signature], Superintendent

Date: _____

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School-Related Student Trip Request Form

Event Specific Emergency Action Plan (EAP) for School Sanctioned Nonathletic Event Held Off-Campus

Destination/Venue Hyatt Regency Downtown Louisville

Venue Address 320 W Jefferson Street, Louisville, KY 40202

Person or email contacted at venue to discuss EAP Cara Saracsany Position/Title of person contacted Senior Event Planning Manager

Date (s) of contact 11/19/25

Is there an Automatic External Defibrillator (AED) on site ☒ Yes ☐ No

If yes, where is it located Behind lobby front desk

Does venue have an emergency response team (ERT)? ☒ Yes ☐ No

Process to request AED and/or ERT if needed at the scene Call 50
from any in hotel phone or dial the front desk!

Will a portable AED be taken from school on this trip ☐ Yes ☒ No

If yes, who will be responsible for oversight and location of AED N/A

Is any other assigned emergency equipment available on field trip?

If so, list location of equipment N/A

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP. The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs
- If possible, how to gain access
- Steps that must be taken quickly to initiate the chain of survival
- o Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing)
- o Call 9-1-1 using cell phone or other means of communication
- o Begin Hands-Only CPR (push hard and fast in center of chest about 100times/minute)
- o Retrieve and use the nearest Automated External Defibrillator (AED)
- o Continuing supporting the victim until the local EMS arrives and takes over care
- o Direct EMS to the scene

RELATED PROCEDURES:

09.36 (all procedures)

Review/Revised:11/17/2025

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

OVERNIGHT ☒

EXTENDED DAY ☐

DAY TRIP ONLY ☐

(Same day but extends beyond the school day)

School South Oldham High School

Employee(s) in Charge: Steve Simpson

Group: Boys Basketball

Destination: Lexington, KY

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

Approximate Mileage (one way): 69

Approximate Number of Students: 21

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 25

**{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): Bus

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: Required

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: _____

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

Requested by: Joe Richie

Date: 11/25/25

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Woodley Principal

Date: 12-2-25

Approved/Disapproved: Myra, Level Director

Date: 12/3/25

Approved/Disapproved: _____, Superintendent

Date: _____

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

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School South Oldham High School

Employee(s) in Charge: Krystal Hatchett

Group: Girls Basketball

Destination: Lexington, KY

Date(s) of Trip: TBD

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 69

Approximate Number of Students: 21

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 25

**{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): Bus

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: Required

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: _____

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

Requested by: Joe Richie

Date: 11/25/25

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Woody, Principal

Date: 11-25-25

Approved/Disapproved: Mjane, Level Director

Date: 12/3/25

Approved/Disapproved: _____, Superintendent

Date: _____

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STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School South Oldham High School

Employee(s) in Charge: Jesse Alford

Group: Wrestling

Destination: Lexington, KY

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

Approximate Mileage (one way): 67

Approximate Number of Students: 21

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 25

**{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): Bus OR Parent 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: Required

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: _____

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

Requested by: Joe Richie

Date: 11/25/25

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Woodley, Principal

Date: 11-25-25

Approved/Disapproved: [Signature], Level Director

Date: 12/3/25

Approved/Disapproved: _____, Superintendent

Date: _____

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STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School South Oldham High School

Employee(s) in Charge: Hannah Koch

Group: Swim

Destination: Lexington, KY

Date(s) of Trip: TBD

Time of Departure: TBD

Time of Return: TBD

Approximate Mileage (one way): 70

Approximate Number of Students: 21

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 25

**{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): Bus OR Parent 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: Required

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: _____

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

Requested by: Joe Richie

Date: 11/25/25

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melinda Woods Principal

Date: 11-25-25

Approved/Disapproved: [Signature], Level Director

Date: 12/3/25

Approved/Disapproved: _____, Superintendent

Date: _____

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

STUDENTS

09.36 AP.212

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 Co HSEmployee(s) In Charge: Kris KorzeniowskiGroup: Swim and DiveDestination: UKDate(s) of Trip: 2/19/24 - 2/21/26 Time of Departure: 7pm Time of Return: 6pmApproximate Mileage (one way): 73 *Approximate Number of Students: 45Number of Chaperones/Adults: 3TOTAL TRANSPORTED: 48 *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

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: _____

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?

swim meets - KHSAA State FinalsRequested by: Paul HolienDate: 10/08/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: Paul Holien, Principal Date: 10/27/25Approved/Disapproved: [Signature], Level Director Date: 12/8/25

Approved/Disapproved: _____, Superintendent Date: _____

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

RELATED PROCEDURES:

09.36 (all procedures)

STUDENTS

09.36 AP.212

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 Co HS

Employee(s) In Charge: Jim Hook

Group: Girls Basketball

Destination: Rupp Arena

Date(s) of Trip: 3/12/24 - 3/15/24 Time of Departure: TBA Time of Return: TBA

Approximate Mileage (one way): 71 *

Approximate Number of Students: 20

Number of Chaperones/Adults: 5

TOTAL TRANSPORTED: 25 *

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): _____

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: _____

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: 4

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

girls basketball games - KHSAA State Tournament

Requested by: Paul Holien

Date: 10/06/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 12/8/25

Approved/Disapproved: [Signature], Level Director Date: 12/9/25

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. *

RELATED PROCEDURES:

09.36 (all procedures)

STUDENTS

09.36 AP.212

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 Co HS

Employee(s) In Charge: Chris Renner Group: Boys Basketball

Destination: Rupp Arena

Date(s) of Trip: 3/18/24 - 3/21/24 Time of Departure: TBA Time of Return: TBA

Approximate Mileage (one way): 71 *

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): _____

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: _____

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: 4

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

boys basketball games - KHSAA State Tournament

Requested by: Paul Holien Date: 10/06/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 12/8/25

Approved/Disapproved: [Signature], Level Director Date: 12/9/25

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. *

RELATED PROCEDURES:

09.36 (all procedures)

STUDENTS

09.36 AP.212

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 Co HS

Employee(s) In Charge: Aaron Riordan

Group: Wrestling

Destination: Corbin Arena

Date(s) of Trip: 11/21/24

Time of Departure: TBA

Time of Return: TBA

Approximate Mileage (one way): 157 *

Approximate Number of Students: 40

Number of Chaperones/Adults: 5

TOTAL TRANSPORTED: 45 *

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): _____

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: _____

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?

wrestling match State Duals

Requested by: Paul Holien

Date: 10/06/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: Natalie Brown, Principal

Date: 12/8/25

Approved/Disapproved: N. James, Level Director

Date: 12/9/25

Approved/Disapproved: _____, Superintendent

Date: _____

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

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

RELATED PROCEDURES:

09.36 (all procedures)

STUDENTS

09.36 AP.212

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 Co HS

Employee(s) In Charge: Aaron Riordan Group: Wrestling

Destination: All Tech Arena

Date(s) of Trip: 2/24/24, 2/27/24 Time of Departure: TBA Time of Return: TBA

Approximate Mileage (one way): 67 *

Approximate Number of Students: 40

Number of Chaperones/Adults: 5

TOTAL TRANSPORTED: 45 *

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): _____

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: _____

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?

wrestling match KHSAA State

Requested by: Paul Holien Date: 10/06/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 12/8/25

Approved/Disapproved: [Signature], Level Director Date: 12/9/25

Approved/Disapproved: _____, Superintendent Date: _____

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

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

RELATED PROCEDURES:

09.36 (all procedures)

STUDENTS

09.36 AP.212

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 Co HS

Employee(s) In Charge: Larisa Sapp

Group: Dance

Destination: Orlando, FL

Date(s) of Trip: 2/10/24 - 2/14/24 Time of Departure: TBA Time of Return: TBA

Approximate Mileage (one way): 877 *

Approximate Number of Students: 10

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 12 *

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, plane

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: _____

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: 4

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

Dance Nationals

Requested by: Paul Holien

Date: 10/06/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 12/8/25

Approved/Disapproved: [Signature], Level Director Date: 12/9/25

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. *

RELATED PROCEDURES:

09.36 (all procedures)

STUDENTS

09.36 AP.212

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 Co HSEmployee(s) In Charge: Keana ArnoldGroup: CheerDestination: Orlando, FLDate(s) of Trip: 2/18/25 - 2/19/25 Time of Departure: TBA Time of Return: TBAApproximate Mileage (one way): 877 *Approximate Number of Students: 30Number of Chaperones/Adults: 5TOTAL TRANSPORTED: 35 *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, plane

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: _____

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____

Admissions \$ _____

Other \$ _____

Total Charges \$ _____

Number of Instructional Days Lost: 4

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

Cheer NationalsRequested by: Paul HolienDate: 10/06/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 10/6/25Approved/Disapproved: [Signature], Level Director Date: 12/9/25

Approved/Disapproved: _____, Superintendent Date: _____

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

RELATED PROCEDURES:

09.36 (all procedures)

STUDENTS

09.36 AP.212

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 Co HSEmployee(s) In Charge: Jim HookGroup: Girls BasketballDestination: Logan CoDate(s) of Trip: 12/26/25 - 12/28/25 Time of Departure: TBA Time of Return: TBAApproximate Mileage (one way): 164 *Approximate Number of Students: 20Number of Chaperones/Adults: 5TOTAL TRANSPORTED: 25 *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): _____

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: _____

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?

girls basketball games Holiday TournamentRequested by: Paul HolienDate: 10/06/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 10/6/25Approved/Disapproved: [Signature], Level Director Date: 10/9/25

Approved/Disapproved: _____, Superintendent Date: _____

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

RELATED PROCEDURES:

09.36 (all procedures)

STUDENTS

09.36 AP.212

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 Co HS

Employee(s) In Charge: Aaron Riordan

Group: Wrestling

Destination: Appalachian Wireless Arena

Date(s) of Trip: 12/29/25, 12/30/25 Time of Departure: TBA Time of Return: TBA

Approximate Mileage (one way): 206 *

Approximate Number of Students: 40

Number of Chaperones/Adults: 5

TOTAL TRANSPORTED: 45 *

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): _____

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: _____

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?

wrestling match - NBSAA State Tournament Holiday Tournament

Requested by: Paul Holien

Date: 10/06/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 12/8/25

Approved/Disapproved: [Signature], Level Director Date: 12/9/25

Approved/Disapproved: _____, Superintendent Date: _____

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RELATED PROCEDURES:

09.36 (all procedures)

STUDENTS

09.36 AP.212

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 Co HSEmployee(s) In Charge: Chris RennerGroup: Boys BasketballDestination: Madison CentralDate(s) of Trip: 12/27/25 - 12/30/25 Time of Departure: TBA Time of Return: TBAApproximate Mileage (one way): 96 *Approximate Number of Students: 20Number of Chaperones/Adults: 6TOTAL TRANSPORTED: 26 *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): _____

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: _____

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?

boys basketball games Holiday TournamentRequested by: Paul HolienDate: 10/06/2025

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 12/8/25Approved/Disapproved: [Signature], Level Director Date: 12/9/25

Approved/Disapproved: _____, Superintendent Date: _____

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RELATED PROCEDURES:

09.36 (all procedures)