

**WOODFORD COUNTY BOARD OF EDUCATION  
AGENDA ITEM**

**ITEM #:** VII E **DATE:** January 26, 2026

**TOPIC/TITLE:** Use of Buses

**PRESENTER:** Transportation

**ORIGIN:**

- ☐ TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)
- ☐ ACTION REQUESTED AT THIS MEETING
- ☒ ITEM IS ON THE CONSENT AGENDA FOR APPROVAL
- ☐ ACTION REQUESTED AT FUTURE MEETING: (DATE)
- ☐ BOARD REVIEW REQUIRED BY

- ☐ STATE OR FEDERAL LAW OR REGULATION
- ☐ BOARD OF EDUCATION POLICY
- ☐ OTHER:

**PREVIOUS REVIEW, DISCUSSION OR ACTION:**

- ☐ NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION
- ☐ PREVIOUS REVIEW OR ACTION

- ☐ DATE:
- ☐ ACTION:

**BACKGROUND INFORMATION:**

**SUMMARY OF MAJOR ELEMENTS:**

Approve two requests for use of Woodford County School Buses: St. Leo, Transportation to Christ the King School (1/28/26); Woodford County 4-H, Transportation to 4-H Camp (7/13/26 & 7/17/26).


**IMPACT ON RESOURCES:**

**TIMETABLE FOR FURTHER REVIEW OR ACTION:**

**SUPERINTENDENT'S RECOMMENDATION:** ☒ Recommended ☐ Not Recommended

*Yori Jones*


Vehicle Request Form

 <b>VEHICLE REQUEST FORM</b> <b>TRANSPORTATION</b> <b>859-879-4647</b> wcps.vttt@woodford.kyschools.us		REV 6-2-18		OFFICE USE ONLY																																																																												
				TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____																																																																												
<b>REQUEST</b>  (NOTE) All outside groups requesting trips must have prior board approval	<b>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE</b> SCHOOL/ORGANIZATION NAME: <u>Saint Leo School</u>						TRIP DATE: <u>1-28-26</u>																																																																									
	<b>**NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP**</b> <b>STUDENT &amp; ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST</b>																																																																															
	TEACHER CONTACT NAME & PHONE# <u>Helena DiBiasie - 859-873-4591 (school)</u> <u>859-420-1468 (cell)</u>						GROUP NAME & GRADE <u>St. Leo 3rd-8th</u>																																																																									
	<b>TRIP TYPE</b> ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input type="checkbox"/>			<b>Number of Passengers</b> STUDENTS <u>51</u> ADULTS <u>12</u> <small>**2/3 seating only on out of district trips per regulation</small>			<b>BUS WITH LIFT</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>LUGGAGE</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>BOARD VEHICLE (VAN) YES <input type="checkbox"/></b> 8 passengers or less including the driver <input type="checkbox"/> Vehicle Not Required																																																																									
	DESTINATION NAME ADDRESS <u>Christ the King School, 412 Cochran Rd. Lexington, Ky. 40502</u>																																																																															
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	Have the teacher/chaperone sign this form that these procedures have been reviewed with all passengers.																																																																															
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RELATED PROCEDURE: 04.31 AP.2 (DISTRICT PROCUREMENT CARDS)

Review/Revised:6/18/2018

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 <b>VEHICLE REQUEST FORM</b> <b>TRANSPORTATION</b> <b>859-879-4647</b> <a href="mailto:wcps.vttt@woodford.kyschools.us">wcps.vttt@woodford.kyschools.us</a>		<div style="border: 1px solid black; padding: 2px;">REV 6-2-18</div>		OFFICE USE ONLY <b>TRIP NUMBER</b> _____ <b>ENTERED</b> _____ <b>SCHEDULED</b> _____ <b>COMPLETED</b> _____							
REQUEST  (NOTE) All outside groups requesting trips must have prior board approval	<u>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE</u>						<b>TRIP DATE:</b> <u>7/13/26&amp; 7/17/26</u>				
	<b>SCHOOL/ORGANIZATION NAME:</b> <u>Woodford County 4-H</u>										
	<i>**NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP**</i> <i>STUDENT &amp; ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST</i>										
	<b>TEACHER CONTACT NAME &amp; PHONE#</b> Kyle Hamlin 859-873-4601						<b>GROUP NAME &amp; GRADE</b> Woodford County 4-H - 4th - 12th				
	<b>TRIP TYPE</b> ROUND TRIP <input type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input checked="" type="checkbox"/>			<b>Number of Passengers</b> <i>**2/3 seating only on out of district trips per regulation</i> STUDENTS <u>130</u> ADULTS <u>18</u>		<b>BUS WITH LIFT</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>LUGGAGE</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>BOARD VEHICLE (VAN)</b> YES <input type="checkbox"/> 8 passengers or less including the driver <input checked="" type="checkbox"/> Vehicle Not Required			
	<b>DESTINATION NAME ADDRESS</b> North Central 4-H Center 260 St-1035, Carlisle, KY 40311										
	<b>TRIP TIME</b> Depart Return		<b>DEPARTURE TIME</b> DEPART SCHOOL 7/15/24 - 9:00AM - DEPART LOCATION 7/19/24 - 11:00am North Central 4-H Center		<b>ARRIVAL TIME</b> Arrive At Location 10:30AM <u>2:15 CUTOFF</u> RETURN TO SCHOOL 7/19/24 - 12:00pm		<b>WHO IS PAYING FOR TRIP</b> Please include the address to send invoice Woodford County Extensior ADDRESS		<b>Munis Funding Code for Trip Cost</b>  <b>Educational Purpose:</b> 4-H Camp provides youth grades 4th and up from Woodford County opportunities to develop life skills		
	<b>DRIVER NAME</b>										
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