

**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, Transporation 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

Yoni Jones

STUDENTS

09.36 AP.21

Vehicle Request Form



 <i>Where Kids Win!</i>		VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcps.vttt@woodford.kyschools.us		REV 6-2-18	OFFICE USE ONLY TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____																																					
		TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE SCHOOL/ORGANIZATION NAME: <u>Saint Leo School</u>		TRIP DATE: <u>1-28-26</u>																																						
REQUEST <small>(NOTE) All outside groups requesting trips must have prior board approval</small>	**NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP** STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST																																									
	TEACHER CONTACT NAME & PHONE# <u>Helena DiBiasie</u> - <u>859-873-4591 (school)</u> <u>859-420-1468 (cell)</u>		GROUP NAME & GRADE <u>St. Leo</u> <u>3rd - 8th</u>																																							
	TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input type="checkbox"/>		Number of Passengers <small>**2/3 seating only on out of district trips per regulation</small> <u>STUDENTS</u> <u>51</u> <u>ADULTS</u> <u>12</u>	BUS WITH LIFT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LUGGAGE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	BOARD VEHICLE (VAN) YES <input type="checkbox"/> 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>		Munis Funding Code for Trip Cost <u>St. Leo School</u>																																							
	TRIP TIME Depart <u>8:45</u>	DEPARTURE TIME DEPART SCHOOL <u>9:15</u>	ARRIVAL TIME Arrive At Location <u>2:15 CUTOFF</u> RETURN TO SCHOOL <u>11:30</u>	WHO IS PAYING FOR TRIP <small>Please include the address to send invoice</small> <u>255 Huntertown Rd. Versailles, Ky 40383</u>	ADDRESS <u>St. Leo School</u> <u>Catholic School Wed Mass</u>																																					
	DRIVER NAME <table border="1"> <tr> <td>VEHICLE #</td> <td>Date</td> <td>Start Time</td> <td>End Time</td> <td>Start Odometer</td> <td>End Odometer</td> <td>TOTAL Miles Driven</td> <td colspan="2">Hours Worked</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Regular</td> <td>Overtime</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked									Regular	Overtime																		
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								Regular	Overtime																																	
NOTES TO DRIVER <u>CONTACT AFTER HOURS</u> <u>WILLIAM SLONE 859-621-0402</u>																																										
DRIVER SIGNATURE																																										
DRIVER TIMESHEET and MILEAGE RECORD	EMERGENCY EVACUATION DRILL/REVIEW																																									
	Complete the drill if any passenger has not performed an emergency evacuation training drill this school year. If all passengers have performed an emergency evacuation training drill this school year – Go over instructions for exiting the bus in an emergency. Review the exits and how they operate.																																									
	Have the teacher/chaperone sign this form that these procedures have been reviewed with all passengers.																																									
SIGNATURE OF TEACHER																																										

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

Review/Revised:6/18/2018

Vehicle Request Form

**VEHICLE REQUEST FORM
TRANSPORTATION
859-879-4647
wctt@woodford.kyschools.us**

REV 6-2-18

OFFICE USE ONLY
TRIP NUMBER _____
ENTERED _____
SCHEDULED _____
COMPLETED _____

REQUEST <small>(NOTE) All outside groups requesting trips must have prior board approval</small>	<p><u>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE</u></p> <p>SCHOOL/ORGANIZATION NAME: Woodford County 4-H</p> <p>TEACHER CONTACT NAME & PHONE# Kyle Hamlin 859-873-4601</p> <p>TRIP TYPE ROUND TRIP <input type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input checked="" type="checkbox"/></p> <p>DESTINATION NAME ADDRESS North Central 4-H Center 260 St-1035, Carlisle, KY 40311</p>					<p>TRIP DATE: 7/13/26 & 7/17/26</p> <p>GROUP NAME & GRADE Woodford County 4-H - 4th - 12th</p>			
	Number of Passengers <small>**2/3 seating only on out of district trips per regulation</small>		STUDENTS 130 ADULTS 18		BUS WITH LIFT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LUGGAGE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		BOARD VEHICLE (VAN) YES <input type="checkbox"/> <small>8 passengers or less Including the driver</small> <input checked="" type="checkbox"/> Vehicle Not Required		
	TRIP TIME DEPART 7/15/24 - 9:00AM -		ARRIVAL TIME Arrive At Location 10:30AM		WHO IS PAYING FOR TRIP <small>Please include the address to send invoice</small>		Munis Funding Code for Trip Cost		
	Return DEPART LOCATION 7/19/24 - 11:00am North Central 4-H Center		2:15 CUTOFF <small>RETURN TO SCHOOL</small> 7/19/24 - 12:00pm		ADDRESS		Educational Purpose: <small>4-H Camp provides youth grades 4th and up from Woodford County opportunities to develop life skills.</small>		
	DRIVER NAME								
	VEHICLE #		Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked
NOTES TO DRIVER		<small>CONTACT AFTER HOURS JOSH RAYBURN 859-621-0402</small>							
DRIVER SIGNATURE									
BUS EVACUATION	<p align="center">EMERGENCY EVACUATION DRILL/REVIEW</p> <p>Complete the drill if any passenger has not performed an emergency evacuation training drill this school year. If all passengers have performed an emergency evacuation training drill this school year – Go over instructions for exiting the bus in an emergency. Review the exits and how they operate.</p> <p>Have the teacher/chaperone sign this form that these procedures have been reviewed with all passengers.</p>								
	<p align="center">SIGNATURE OF TEACHER</p>								
	<p>RELATED PROCEDURE: 04.31 AP.2 (DISTRICT PROCUREMENT CARDS)</p>								