

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: VII E **DATE:** May 18, 2026

TOPIC/TITLE: Use of Buses

PRESENTER:

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: Versailles Baptist Church, Transportation to Summer activities (6/29/26-7/3/26); Journey Church, Transportation to Summer activities (6/3/26,6/18/26, 7/1/26, 7/21/26, 7/29/26); Woodford Reading Club, Transportation to Summer activities (6/29/26, 7/1/26, 7/3/26).


IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:

SUPERINTENDENT'S RECOMMENDATION: Recommended Not Recommended

Yori Jones


Vehicle Request Form

 Where Kids Win!	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																																													
REQUEST (NOTE) All outside groups requesting trips must have prior board approval	SCHOOL/ORGANIZATION NAME: <u>Versailles Baptist Church</u>					TRIP DATE: <u>6/29/26 - 7/3/26</u>																																								
	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# _____					GROUP NAME & GRADE <u>VBC 6th - 12th</u>																																								
	TRIP TYPE ROUND TRIP <input type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input checked="" type="checkbox"/>			Number of Passengers STUDENTS <u>134</u> ADULTS <u>19</u> <i>**2/3 seating only on out of district trips per regulation</i>		BUS WITH LIFT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LUGGAGE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																																								
	DESTINATION NAME ADDRESS <u>Crossings Camp</u>		<u>3083 Cedarmore Rd, Bagdad, KY 40003</u> <u>(Cedarmore Camp)</u>																																											
	TRIP TIME Depart <u>6/29/26</u>		DEPARTURE TIME DEPART SCHOOL <u>Be @ VBC by 2pm</u>		ARRIVAL TIME Arrive At Location <u>3pm</u>		WHO IS PAYING FOR TRIP Please include the address to send invoice <u>VBC</u>																																							
	Return <u>7/3/26</u>		DEPART LOCATION Be @ camp by <u>9am</u>		2:15 CUTOFF RETURN TO SCHOOL ADDRESS <u>125 E. Green St Versailles, KY 40383</u>		Munis Funding Code for Trip Cost Educational Purpose: _____																																							
	DRIVER NAME _____																																													
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">VEHICLE #</th> <th rowspan="2">Date</th> <th rowspan="2">Start Time</th> <th rowspan="2">End Time</th> <th rowspan="2">Start Odometer</th> <th rowspan="2">End Odometer</th> <th rowspan="2">TOTAL Miles Driven</th> <th colspan="2">Hours Worked</th> </tr> <tr> <th>Regular</th> <th>Overtime</th> </tr> </thead> <tbody> <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> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>								VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked		Regular	Overtime																											
	VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked																																						
Regular								Overtime																																						
NOTES TO DRIVER CONTACT AFTER HOURS WILLIAM SLONE 859-621-0402																																														
DRIVER SIGNATURE _____																																														
BUS EVACUATION	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

 <p>Woodford County Public Schools Where Kids Win!</p>	<p>VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcpss.vttt@woodford.kyschools.us</p>	<p>REV 6-2-18</p>	<p>OFFICE USE ONLY TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____</p>					
REQUEST (NOTE) All outside groups requesting trips must have prior board approval	<p><i>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE</i></p>		TRIP DATE: 6/3/26					
	SCHOOL/ORGANIZATION NAME: JOURNEY CHURCH		GROUP NAME & GRADE					
	<p>**NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP** STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST</p>							
	TEACHER CONTACT NAME & PHONE# CARRY HOLT							
	TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input type="checkbox"/>	Number of Passengers STUDENTS _____ ADULTS _____ <small>**2/3 seating only on out of district trips per regulation</small>	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	BIG SPRINGS PARK							
TRIP TIME	DEPARTURE TIME	ARRIVAL TIME	WHO IS PAYING FOR TRIP Please include the address to send invoice					
Depart	DEPART SCHOOL	Arrive At Location	journey camp 2026					
Return	DEPART LOCATION	2:15 CUTOFF RETURN TO SCHOOL	ADDRESS 320 Hope Lane Versailles KY 40383					
			Munis Funding Code for Trip Cost					
			Educational Purpose:					
DRIVER TIMESHEET and MILEAGE RECORD	DRIVER NAME							
	VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked Regular Overtime
NOTES TO DRIVER								
		CONTACT AFTER HOURS WILLIAM SLONE 859-621-0402						
DRIVER SIGNATURE								
BUS EVACUATIO	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

 <p>Woodford County Public Schools Where Kids Win!</p>	<p>VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcpss.vttt@woodford.kyschools.us</p>	<div style="border: 1px solid black; padding: 2px;">REV 6-2-18</div>	<p>OFFICE USE ONLY TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____</p>
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REQUEST	<i>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE</i>				
	SCHOOL/ORGANIZATION NAME: JOURNEY CHURCH				TRIP DATE: 6/18/2026
	<i>**NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP**</i> <i>STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST</i>				
	TEACHER CONTACT NAME & PHONE# CARRY HOLT				GROUP NAME & GRADE
	TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input type="checkbox"/>		Number of Passengers STUDENTS _____ ADULTS _____ <small>**2/3 seating only on out of district trips per regulation</small>		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		Anderson Community Splash Park			
TRIP TIME	DEPARTURE TIME	ARRIVAL TIME	WHO IS PAYING FOR TRIP Please include the address to send invoice	Munis Funding Code for Trip Cost	
Depart	DEPART SCHOOL	Arrive At Location	journey camp 2026		
Return	DEPART LOCATION	2:15 CUTOFF RETURN TO SCHOOL	ADDRESS 320 Hope Lane Versailles KY 40383	<u>Educational Purpose:</u>	


DRIVER TIMESHEET and MILEAGE RECORD	DRIVER NAME									
	VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked		
								Regular	Overtime	
	NOTES TO DRIVER									
		CONTACT AFTER HOURS WILLIAM SLONE 859-621-0402								
DRIVER SIGNATURE										

BUS EVACUATION	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

 Where Kids Win!	VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcps.vttt@woodford.kyschools.us	REV 6-2-18	OFFICE USE ONLY TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____
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REQUEST	<i>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE</i>				TRIP DATE: <u>07/01/2026</u>
	SCHOOL/ORGANIZATION NAME: <u>JOURNEY CHURCH</u>				
	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>CARRY HOLT</u>				GROUP NAME & GRADE
	TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) <input type="checkbox"/>		Number of Passengers STUDENTS _____ ADULTS _____ <i>**2/3 seating only on out of district trips per regulation</i>		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>Lexington Children's Museum</u>					
TRIP TIME	DEPARTURE TIME	ARRIVAL TIME	WHO IS PAYING FOR TRIP Please include the address to send invoice	Munis Funding Code for Trip Cost Educational Purpose:	
Depart	DEPART SCHOOL	Arrive At Location	journey camp 2026		
Return	DEPART LOCATION	2:15 CUTOFF RETURN TO SCHOOL	ADDRESS 320 Hope Lane Versailles KY 40383		

DRIVER TIMESHEET and MILEAGE RECORD	DRIVER NAME									
	VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked		
								Regular	Overtime	
	NOTES TO DRIVER									
	CONTACT AFTER HOURS WILLIAM SLONE 859-621-0402									
	DRIVER SIGNATURE									

BUS EVACUATIO	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**

REV 6-2-18

wcps.vttt@woodford.kyschools.us

OFFICE USE ONLY

TRIP NUMBER
ENTERED
SCHEDULED
COMPLETED

TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE

SCHOOL/ORGANIZATION NAME: JOURNEY CHURCH

TRIP DATE: 07/21/2026

****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#
CARRY HOLT

GROUP NAME & GRADE

TRIP TYPE

ROUND TRIP (Driver stays with group)
OR
ONE WAY (D&R)

Number of Passengers

***2/3 seating only on out of district trips per regulation*

STUDENTS _____

ADULTS _____

BUS WITH LIFT

YES NO

LUGGAGE

YES NO

BOARD VEHICLE (VAN) YES

8 passengers or less including the driver

Vehicle Not Required

DESTINATION NAME ADDRESS

Bluegrass Scenic Railway

TRIP TIME

DEPARTURE TIME

ARRIVAL TIME

WHO IS PAYING FOR TRIP

Please include the address to send invoice

Munis Funding Code for Trip Cost

Depart

DEPART SCHOOL

Arrive At Location

journey camp 2026

Return

DEPART LOCATION

2:15 CUTOFF
RETURN TO SCHOOL

ADDRESS

320 Hope Lane
Versailles KY 40383

Educational Purpose:

REQUEST
(NOTE) All outside groups requesting trips must have prior board approval

DRIVER TIMESHEET and MILEAGE RECORD

DRIVER NAME

VEHICLE #

Date

Start Time

End Time

Start Odometer

End Odometer

TOTAL Miles Driven

Hours Worked

Regular

Overtime

NOTES TO DRIVER

CONTACT AFTER HOURS
WILLIAM SLONE 859-621-0402

DRIVER SIGNATURE

**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**

REV 6-2-18

wcps.vttt@woodford.kyschools.us

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

REQUEST
(NOTE) All outside groups requesting trips must have prior board approval

TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE

SCHOOL/ORGANIZATION NAME: JOURNEY CHURCH

TRIP DATE: 07/29/2026

****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#
CARRY HOLT

GROUP NAME & GRADE

TRIP TYPE
 ROUND TRIP (Driver stays with group)
 OR
 ONE WAY (D&R)

Number of Passengers
 STUDENTS _____
 ADULTS _____
***2/3 seating only on out of district trips per regulation*

BUS WITH LIFT
 YES NO
LUGGAGE
 YES NO

BOARD VEHICLE (VAN) YES
 8 passengers or less including the driver
 Vehicle Not Required

DESTINATION NAME ADDRESS
Salato

TRIP TIME	DEPARTURE TIME	ARRIVAL TIME	WHO IS PAYING FOR TRIP Please include the address to send invoice	Munis Funding Code for Trip Cost
Depart	DEPART SCHOOL	Arrive At Location	journey camp 2026	
Return	DEPART LOCATION	2:15 CUTOFF RETURN TO SCHOOL	ADDRESS 320 Hope Lane Versailles KY 40383	Educational Purpose:

DRIVER TIMESHEET and MILEAGE RECORD

DRIVER NAME	VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked	
								Regular	Overtime
NOTES TO DRIVER									
	CONTACT AFTER HOURS WILLIAM SLONE 859-621-0402								
DRIVER SIGNATURE									

BUS EVACUATION

**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

	<p>VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcps.vttt@woodford.kyschools.us</p>	<p>REV 6-2-18</p>	<p>OFFICE USE ONLY</p> <p>TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____</p>						
<p>REQUEST</p> <p>(NOTE) All outside groups requesting trips must have prior board approval</p>	<p><i>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE</i></p>		<p>TRIP DATE: <u>6-29-26</u></p>						
	<p>SCHOOL/ORGANIZATION NAME: <u>WOODFORD Co</u> <u>READING CLUB</u></p> <p>**NOTIFY SCHOOL NURSE WITH LIST OF STUDENTS PRIOR TO THE TRIP** STUDENT & ADULT RIDER LIST ARE REQUIRED TO BE ATTACHED TO THIS REQUEST</p>								
	<p>TEACHER CONTACT NAME & PHONE# <u>JULIE ROSS 859-806-7626</u></p>		<p>GROUP NAME & GRADE <u>READING CLUB 4-5</u></p>						
	<p>TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) _____</p>	<p>Number of Passengers STUDENTS <u>16</u> ADULTS <u>4</u></p> <p><small>**2/3 seating only on out of district trips per regulation</small></p>	<p>BUS WITH LIFT YES ___ NO <input checked="" type="checkbox"/> LUGGAGE YES ___ NO <input checked="" type="checkbox"/></p>	<p>BOARD VEHICLE (VAN) YES ___ 8 passengers or less including the driver <input type="checkbox"/> Vehicle Not Required</p>					
	<p>DESTINATION NAME ADDRESS <u>Life Adventure Center</u> <u>570 Milner Road, Versailles, KY</u></p>								
TRIP TIME	DEPARTURE TIME <u>12:45</u>	ARRIVAL TIME	WHO IS PAYING FOR TRIP Please include the address to send invoice						
Depart	DEPART SCHOOL 12:50	Arrive At Location	<u>St. John's Episcopal Church</u>						
Return	DEPART LOCATION 4:30	2:15 CUTOFF RETURN TO SCHOOL	ADDRESS <u>210 N Main Versailles</u>						
<p>Educational Purpose: <u>Self esteem and team building</u></p>									
<p>MILEAGE RECORD</p> <p>Note: Time starts with pre-trip inspection and ends with post-trip check</p>	DRIVER NAME								
	VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked	
								Regular	Overtime
	NOTES TO DRIVER								
CONTACT AFTER HOURS DIRECTOR OF TRANSPORTATION 859-621-0402									
DRIVER SIGNATURE									
<p>BUS EVACUATION</p>	<p>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. Have the teacher/chaperone sign this form that these procedures have been reviewed with all passengers.</p>								
	SIGNATURE OF TEACHER					<u>Julie Ross</u>			

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

Review/Revised:6/18/2018

Vehicle Request Form

	VEHICLE REQUEST FORM TRANSPORTATION 859-879-4647 wcps.vttt@woodford.kyschools.us	REV 6-2-18	OFFICE USE ONLY TRIP NUMBER _____ ENTERED _____ SCHEDULED _____ COMPLETED _____
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REQUEST	<i>TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE.</i>			
	SCHOOL/ORGANIZATION NAME: <u>WOODFORD Co. READING CLUB</u>			TRIP DATE: <u>7-1-26</u>
	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>JULIE ROSS 859-806-7626</u>			GROUP NAME & GRADE <u>READING CLUB 4-5</u>
	TRIP TYPE ROUND TRIP <input checked="" type="checkbox"/> (Driver stays with group) OR ONE WAY (D&R) _____	Number of Passengers **2/3 seating only on out of district trips per regulation STUDENTS <u>16</u> ADULTS <u>4</u>	BUS WITH LIFT YES ___ NO <input checked="" type="checkbox"/> LUGGAGE YES ___ NO <input checked="" type="checkbox"/>	BOARD VEHICLE (VAN) YES ___ 8 passengers or less including the driver <input type="checkbox"/> Vehicle Not Required
	DESTINATION NAME ADDRESS <u>Josephine Sculpture Park</u> <u>3355 Lawrenceburg Road, Frankfort</u>			
TRIP TIME	DEPARTURE TIME	ARRIVAL TIME	WHO IS PAYING FOR TRIP Please include the address to send invoice	Munis Funding Code for Trip Cost
Depart	DEPART SCHOOL <u>12:10</u>	Arrive At Location	<u>St. John's Episcopal Church</u>	
Return	DEPART LOCATION <u>4:00</u>	2:15 CUTOFF RETURN TO SCHOOL	ADDRESS <u>210N Main Versailles</u>	Educational Purpose: <u>Art enrichment</u>

MILEAGE RECORD	DRIVER NAME									
	VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked		
								Regular	Overtime	
	NOTES TO DRIVER									
	CONTACT AFTER HOURS DIRECTOR OF TRANSPORTATION 859-621-0402									
	DRIVER SIGNATURE									

BUS EVACUATION	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 <u>Julie Ross</u>	

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

Review/Revised:6/18/2018

Vehicle Request Form



VEHICLE REQUEST FORM
TRANSPORTATION
 859-879-4647

REV 6-2-18

wcps.vttt@woodford.kyschools.us

OFFICE USE ONLY

TRIP NUMBER _____
 ENTERED _____
 SCHEDULED _____
 COMPLETED _____

TRIP REQUEST ARE DUE 15 WORKING DAYS PRIOR TO YOUR TRIP DATE

SCHOOL/ORGANIZATION NAME: Woodford Co. READING CLUB

TRIP DATE: 7-3-20

****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#
JULIE ROSS 859-806-7626

GROUP NAME & GRADE
Reading Club 4-5

TRIP TYPE
 ROUND TRIP (Driver stays with group)
 OR
 ONE WAY (D&R) _____

Number of Passengers
****23 seating only on out of district trips per regulation**
 STUDENTS 16
 ADULTS 4

BUS WITH LIFT YES _____ NO
LUGGAGE YES _____ NO
BOARD VEHICLE (VAN) YES _____
 8 passengers or less including the driver
 Vehicle Not Required

DESTINATION NAME ADDRESS
Singletary Center for the Arts
405 Rose Street, Lexington

TRIP TIME	DEPARTURE TIME	ARRIVAL TIME	WHO IS PAYING FOR TRIP Please include the address to send invoice	Munis Funding Code for Trip Cost
Depart	DEPART SCHOOL <u>12:30</u>	Arrive At Location	<u>St. John's Episcopal Church</u>	
Return	DEPART LOCATION <u>4:00</u>	<u>2:15 CUTOFF</u> RETURN TO SCHOOL	ADDRESS <u>210 N Main Versailles</u>	<u>Educational Purpose:</u> <u>Art enrichment</u>

REQUEST (NOTE) All outside groups requesting trips must have prior board approval

MILEAGE RECORD Note: Time starts with pre-trip inspection and ends with post-trip check

DRIVER NAME									
VEHICLE #	Date	Start Time	End Time	Start Odometer	End Odometer	TOTAL Miles Driven	Hours Worked		NOTES TO DRIVER
							Regular	Overtime	
CONTACT AFTER HOURS DIRECTOR OF TRANSPORTATION 859-621-0402									
DRIVER SIGNATURE									

BUS EVACUATION

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 Julie Ross

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

Review/Revised:6/18/2018