

School-Related Student Trip Request Form

OVERNIGHT

EXTENDED DAY

DAY TRIP ONLY

(Same day but extends beyond the school day)

School Oldham County High School

Employee(s) in Charge: Josh Kirk Group: Cheer

Destination: UCA camp at UK

Date(s) of Trip: 7/15 7/18 Time of Departure: _____ Time of Return: _____

Approximate Mileage (one way): 82.7

Approximate Number of Students: _____

Number of Chaperones/Adults: _____

TOTAL TRANSPORTED: _____

**{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): _____

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? Cheer camp for the Cheer team.

Requested by: Paul Holien

Date: 6/2/2026

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 6/2/26

Approved/Disapproved: _____, Level Director Date: 6/4/26

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 Board and Superintendent.*

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

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE PROCEDURE

FIELD TRIP BUS REQUEST FORM

OVERNIGHT

EXTENDED DAY

DAY TRIP ONLY

(Same day but extends beyond the school day)

School: North Oldham Middle School

Employee(s) In Charge: Hayden Buerster & Jonathan Perri Group: KYA

Destination: Crowne Plaza 830 Phillips Ln Louisville, KY

Date(s) of Trip: 12/2/26-12/4/26 Time of Departure: 8am Time of Return: 4pm

Approximate Mileage (one way): 0 *

Approximate Number of Students: 45

Number of Chaperones/Adults: 2

TOTAL TRANSPORTED: 0 *

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): Parent drop off

**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)	\$ <u>0</u>
Admissions	\$ <u>13,050</u>
Other	\$ <u>1,575</u>
Total Charges	\$ <u>14,625</u>

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?
The Kentucky You Assembly (KYA) is an expanded, educational opportunity in which students serve as part of a model state government. KYA offers students the opportunity to learn about a wide variety of issues, develop critical thinking skills, and articulate their beliefs while engaging constructively with their peers from around the Commonwealth.

Requested by: Jonathan Perri Date: 05/14/2026

APPROVAL/DISAPPROVAL

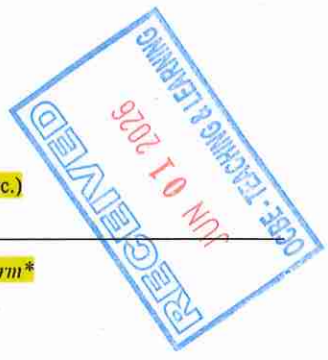
Approved/Disapproved: [Signature], Principal Date: 6/1/26

Approved/Disapproved: [Signature], Level Director Date: 6/1/26

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)



KYA

Oldham County Schools
EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)
FOR
SCHOOL SANCTIONED NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Crown Plaza

Venue/Address 830 Phillips Ln. Louisville, KY

Person or email contacted at venue to discuss EAP Rianna Ayala

Position/Title of person contacted Director of Civic Engagement Programs

Date (s) of contact 8/28/25

Is there an Automatic External Defibrillator (AED) on site? yes no

If yes, where is it located? West entrance hallway, hotel lobby, security desk, Big Al's

Does the venue have an emergency response team (ERT)? yes no restaurant

Process to request AED and/or ERT if needed at the scene YMCA has an ERT in
place at the conference

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? yes no

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;
 - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing);
 - Call 911 using cell phone or other means of communication;
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute);
 - Retrieve and use the nearest AED;
 - Continuing supporting the victim until the local EMS arrives and takes over care; and
 - Direct EMS to the scene.

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE PROCEDURE

FIELD TRIP BUS 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: Jeremiah Hubbard, Abby Korfhage, Lindsey Group: Cheerleading

Destination: UCA Summer Camp - WKU Bowling Green, KY

Date(s) of Trip: 07/22/26 - 7/25/26 Time of Departure: TBD Time of Return: TBD

Approximate Mileage (one way): 127 *

Approximate Number of Students: 25

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 28 *

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: Required

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?

SOHS Cheerleaders will attend the UCA summer camp at WKU. Camp is where girls are taught from variety instructors on new skills for the season. Its also a lot of leadership training for upperclassman and a ton of team bonding. The girls also have the opportunity to tryout for All American while attending camp, which gives them so many opportunities throughout the year to attend special events and be recognized as a top cheerleader. This also looks good on college applications and when trying out for

Requested by: Jeremiah Hubbard Date: 05/31/2026

APPROVAL/DISAPPROVAL

Approved/Disapproved: Maura Woodby, Principal Date: 6-1-26

Approved/Disapproved: [Signature], Level Director Date: 6/1/26

Approved/Disapproved: _____, Superintendent Date: _____

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*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: South Oldham High School

Employee(s) In Charge: Jeremiah Hubbard, Abby Korfhage, Lindsey Group: Cheerleading

Destination: NHS UCA Cheerleading Competitions - Orlando, FL

Date(s) of Trip: 1/29/27 - 1/31/27 Time of Departure: 8 pm Time of Return: 8 pm

Approximate Mileage (one way): 871.5 *

Approximate Number of Students: 25

Number of Chaperones/Adults: 3

TOTAL TRANSPORTED: 28 *

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): Miller 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)	\$ 600.00
Admissions	\$ 500.00
Other	\$ 200.00
Total Charges	\$ 1300.00

Number of Instructional Days Lost: 5

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

This is the biggest competition of the season for the girls. They have worked hard throughout the year to qualify for this and want to compete at the highest level cheerleading has to offer. We finished 4th in the nation last year, which is an amazing award. We want to continue on the pattern of bringin back National placement to our school. We also fundraise for this trip all year long, so the cost per cheerleader is much less when we get to the time of competition.

Requested by: Jeremiah Hubbard Date: 05/31/2026

APPROVAL/DISAPPROVAL

Approved/Disapproved: Melissa Woodley, Principal Date: 6-1-26

Approved/Disapproved: [Signature], Level Director Date: 6/1/26

Approved/Disapproved: _____, Superintendent Date: _____

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RELATED PROCEDURES:

09.36 (all procedures)



1/25/27-
2/1/27

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 HS

Employee(s) in Charge: Steve Simpson Group: Boys Basketball

Destination: Hanover, IN

Date(s) of Trip: June 19 Time of Departure: TBD Time of Return: TBD

Approximate Mileage (one way): 47

Approximate Number of Students: 20

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 24

Number of Buses: _____

**{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): Parents Responsible

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)	\$	_____
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? Basketball Tourney

Requested by: Joe Richie Date: 5/19/26

APPROVAL/DISAPPROVAL

Approved/Disapproved: Musica Woods, Principal Date: 5-19-26

Approved/Disapproved: _____, Level Director Date: 5/26/26

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)

Review/Revised:01/07/26



OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE PROCEDURE

FIELD TRIP BUS REQUEST FORM

OVERNIGHT

EXTENDED DAY
(Same day but extends beyond the school day)

DAY TRIP ONLY

School: North Oldham High School

Employee(s) In Charge: Liz Hershner Group: NOHS Field Hockey

Destination: St. Louis, Missouri

Date(s) of Trip: 9/5-9/6 2026 Time of Departure: 8am (9/5/2026) Time of Return: 7pm (9/6/2026)

Approximate Mileage (one way): 300 *

Approximate Number of Students: 40

Number of Chaperones/Adults: 4

TOTAL TRANSPORTED: 44 *

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): Jefferson Tours and Charters: 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: Optional

If optional, indicate student charges:

Transportation (mileage, driver) \$ _____
Admissions \$ _____
Other \$ 225 (bus/hotel/meals)

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?

This is North Oldham Field Hockey's annual trip to St. Louis to play in the Gateway Classic. This tournament allows our teams to play against other field hockey teams from around the country. It allows our girls to bond during the trip and also play against tougher competition.

Requested by: Liz Heshner, Head Field Hockey Coach Date: 05/05/2026

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 5/18/26

Approved/Disapproved: [Signature], Level Director Date: 5/18/26

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 DAY TRIP ONLY
(Same day but extends beyond the school day)

School: North Oldham Middle School

Employee(s) In Charge: Jaime Reynolds Group: Club Atlas

Destination: Washington, D.C

Date(s) of Trip: 04/21/2027-04/23/2027 Time of Departure: 6:00 am Time of Return: 11:00 pm

Approximate Mileage (one way): 581 miles *

Approximate Number of Students: 120

Number of Chaperones/Adults: 12

TOTAL TRANSPORTED: 132 *

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): Miller Coach Bus to Airport/Airline selected by Wouldstrides

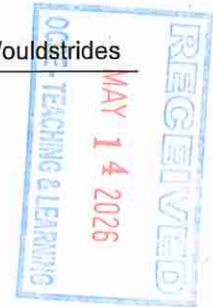
Common Carriers must be Board approved and should have the 8005.02F accompanying this form

*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)	\$ 0.00
Admissions	\$ 1472.00
Other	\$
Total Charges	\$ 1472.00



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 tours all of the historical places, monuments, memorials, and buildings that are a vital part of

our history.

Requested by: Jaime Reynolds Date: 02/23/2026

APPROVAL/DISAPPROVAL

Approved/Disapproved: Allison Steen Principal Date: 5/14/26

Approved/Disapproved: [Signature], Level Director Date: 5/15/26

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)

Oldham County Schools
EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)
FOR

SCHOOL SANCTIONED NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue Washington, DC

Venue/Address Hotel unknown

Person or email contacted at venue to discuss EAP Jaime Reynolds

Position/Title of person contacted Teacher, Sponsor for Club Atlas

Date (s) of contact 4/21/27-4/23/27

Is there an Automatic External Defibrillator (AED) on site? yes no

If yes, where is it located? Hotel Lobby (Standard)

Does the venue have an emergency response team (ERT)? yes no

Process to request AED and/or ERT if needed at the scene 24 hour on call DC
with in 5 minutes of site and 911

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? yes no

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. N/A

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;
 - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing);
 - Call 911 using cell phone or other means of communication;
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute);
 - Retrieve and use the nearest AED;
 - Continuing supporting the victim until the local EMS arrives and takes over care; and
 - Direct EMS to the scene.

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: North Oldham Middle School Date: 02/23/2026

Employee(s) In Charge: Jaime Reynolds Group: Club Atlas

Date of Trip: 04/21/2027-04/23/2027 Destination: Washington, D.C

Main Mode of Travel: Miller Coach Bus to Airport/Airplane

Name of Major Carrier: Airline Selected by Worlds Strides Phone: _____

Address: _____


Method of transportation to the departure point: Parent Drop Off/Pick Up

Type of transportation upon destination arrival:

Company name: World Strides Phone: (855) 668-7237

Contact person if available: Kate Whelan

Why have you selected these transportation methods? We have worked with Worldstrides several years in a row now because they have very helpful and quick customer service.

 Jaime Reynolds
Principal Teacher or 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