

Henderson County Schools

1805 Second Street, Henderson, Kentucky 42420

(270) 831-5000 Fax: (270) 831-5009

<http://www.hendersonschools.net>



Overnight and Out of District Bus Trip Guidelines

During overnight bus trips and out of district bus trips all adults have to understand the seriousness of their responsibilities and the legal liabilities in supervision. The adults must have knowledge of where students are at all times and must be in close proximity to the students.

- All KHSAA guidelines and board policies should be adhered to.
- All sponsors and head coaches should ride on the bus with the team/students.
- Student:Adult ratios Secondary 15:1 Elementary 10:1
- Sponsors and coaches shall be trained annually to administer medication.

Checklist:

- ☒ Sponsor/Coach Name Brian Sullivan Cell number 812-449-7476
- ☒ Date of trip 10/20-21/17 expected departure time 12:00pm return time 9pm
- ☒ Adequate Supervision (meets ratio criteria)
* Please List Names of Chaperones* Sarah Hardy
- ☒ Obtain parent/guardian permission forms
Athletic teams/clubs do not need to get a separate permission form for every trip. One at the beginning of the season/year from each student is sufficient.
- ☒ Notify school cafeteria manager of any lunch needs
- ☒ Follow all Transportation Department guidelines for bus request.
- ☒ Understand any students' medication needs and/or medical conditions
Coaches must carry all players' physicals on any away and overnight trips.
- ☒ Attach a trip list of students to principal/designee
- ☒ Attach an itinerary
- ☐ Other specific needs:
Brian Sullivan
Signature of Person submitting form
- Sarah Hardy
Signature of Principal/Designee

This form must be submitted 3 days prior to the date of the trip to the principal or designee.

HCHS Academic Team
UK Fall Invitational
(October 20-21, 2017)

Students:

1. Zachary Beickman
2. Cole Privette
3. DJ Banks
4. Harrison Jenkins
5. Alex Chandler
6. Riley Lovell

Coach: Sarah Hardy

Itinerary:

Friday, Oct 20th

Leave HCHS at 12:00 pm for Hampton Inn.

Arrive at Hampton Inn by 5:00pm.

Saturday, Oct 21st

Leave Hampton Inn for UK at 7:45am

Arrive at UK at 8:00 am

Leave UK for HCHS at 5:00 pm

Arrive at HCHS by 9:00pm

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- Student:Adult ratios Secondary 15:1 Elementary 10:1
- Sponsors and coaches shall be trained annually to administer medication.

Checklist:

- ☒ Sponsor/Coach Name Brian Sullivan Cell number 812-449-7476
- ☒ Date of trip 11/10-11/17 expected departure time 4pm return time 9pm
- ☒ Adequate Supervision (meets ratio criteria)
* Please List Names of Chaperones* Sarah Hardy
- ☒ Obtain parent/guardian permission forms
Athletic teams/clubs do not need to get a separate permission form for every trip. One at the beginning of the season/year from each student is sufficient.
- ☒ Notify school cafeteria manager of any lunch needs
- ☒ Follow all Transportation Department guidelines for bus request.
- ☒ Understand any students' medication needs and/or medical conditions
Coaches must carry all players' physicals on any away and overnight trips.
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- ☒ Attach an itinerary

____ Other specific needs:

Brian Sullivan
Signature of Person submitting form

[Signature]
Signature of Principal/Designee

This form must be submitted 3 days prior to the date of the trip to the principal or designee.

HCHS Academic Team
Washington University Invitational
(November 10-11, 2017)

Students:

1. Zachary Beickman
2. Cole Privette
3. DJ Banks
4. Harrison Jenkins
5. Alex Chandler
6. Riley Lovell

Coach: Sarah Hardy

Itinerary:

Friday, Nov 10th

Leave HCHS at 12:00 pm for Hampton Inn.

Arrive at Hampton Inn by 5:00pm.

Saturday, Nov 11th

Leave Hampton Inn for Wash U at 7:45am

Arrive at Wash U at 8:00 am

Leave Wash U for HCHS at 5:00 pm

Arrive at HCHS by 9:00pm

10/04/2017

Members of the Henderson County Board of Education:

I am requesting permission to take Skills USA Chapter officers on an overnight trip. The group will consist of three students and myself. We will be traveling to Frankfort Kentucky to participate in the Skills USA Kentucky Leadership Institute. This event will help students develop leadership ability. They will also develop organizational skills, effective recruitment and management skills. They will also compete in leadership contests. The Conference will begin on November 1, 2017 and conclude on November 4, 2017.

Thank you,

Scott Herschelman

Automotive Instructor

CTE Coordinator

Henderson County High School

Henderson County Schools

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- Student: Adult ratios Secondary 15:1 Elementary 10:1
- Sponsors and coaches shall be trained annually to administer medication.

Checklist:

- ☒ Sponsor/Coach Name Scott Heischel Cell number 812-204-7207
 - ☒ Date of trip 11/4/17 expected departure time 12:00 PM return time 11/4/17 12:00 PM
 - ☒ Adequate Supervision (meets ratio criteria) Scott Heischel
* Please List Names of Chaperones*
 - ☒ All participants currently have no failing grades for the current 9 weeks
 - ☒ All participants have no more than 5 or more missing or incomplete assignment
 - ☒ All participants have less than 5 UE
 - ☒ Obtain parent/guardian permission forms
Athletic teams/clubs do not need to get a separate permission form for every trip. One at the beginning of the season/year from each student is sufficient.
 - ☒ Notify school cafeteria manager of any lunch needs
 - ☒ Follow all Transportation Department guidelines for bus request.
 - ☒ Understand any students' medication needs and/or medical conditions
Coaches must carry all players' physicals on any away and overnight trips.
 - ☒ Attach a trip list of students to principal/designee
 - ☒ Attach an itinerary
 - ☒ Other specific needs:
- Scott Heischel Signature of Person submitting form
- Arnold Lacer Signature of Principal/Designee

This form must be submitted 3 days prior to the date of the trip to the principal or designee.

2017 Kentucky Leadership Training Institute Registration Summary Form

School:	Henderson County High School	School Phone #:	270-831-8850	School Fax #:	270-831-8850
Advisor/Contact:	Scott Herschelman	Advisor Cell #:	812-204-7207	Advisor Email:	scott.herschelman@henderson.kyschools.us
Arrival Date:	11/1/2017	Time:	4:00 PM	Depart Date:	11/4/2017
Check according to requested number of students assigned to each room.	(2) List each student, advisor & guest attending conference by typing in the column below	Male	Female	Advisor	(3) Parental Guardian Consent Liability, Code of Conduct & Photo Release Form REQUIRED
1 Quad <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(4) Copy both sides of personal insurance Card REQUIRED
2 Triple <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(5) Student using School Insurance Letter from Principle REQUIRED
3 Double <input checked="" type="checkbox"/>	Scott, Logan Dodson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(6) Current Resume Required at State/National Conference
4 Single <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(7) PDP Level 1 Required State Conference ONLY
5 Quad <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Go to the skillsusa.org, click Join, enter login, click KLT Conference, select My Registrations, click on Add New Registrant to add attendees to the system. Save after each individual is added.
6 Triple <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Completely fill out this KY SkillsUSA Registration Summary Form
7 Double <input checked="" type="checkbox"/>	Michaela Turner, Abigail Calhoun	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Use the space at the bottom of this Summary Form to calculate the registration fee
8 Single <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Organize paperwork in order of columns above for each attendee and staple top left corner of pages
9 Quad <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Mail all attendee's paperwork at the same time with check to: KY SkillsUSA 300 Sower Blvd, 5th Fl Frankfort, KY 40601
10 Triple <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please use Page 2 for additional attendees
11 Double <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 Single <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13 Quad <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Triple <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15 Double <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16 Single <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total # of Attendees:

4	X \$45.00 =	\$180.00
	X \$0.00 =	\$0.00
	X \$0.00 =	\$0.00
Total Registration =		\$180.00

DPR Used for Payment? ☐ Yes ☐ No

Amount Enclosed

180.00





Trip ID#: 8902

Henderson County Schools

Transportation Request for Extracurricular Trips

Requested by:	Scott Herschelman		
Date Submitted:	10/4/17	School:	HCHS
Group:	Skills USA		
Funding Source for Trip Cost:	Skills USA		
Destination:	Frankfort, KY		
Purpose of Trip:	Skills USA Leadership Training		
Date(s) of Trip:	11/1/17 - 11/4/17		
	Departure Time (CST)	Arrival Time (CST)	
To the Event:	12:00 AM/PM	4:00	AM/PM
On Return Trip:	10:00 AM/PM	12:00	AM/PM
Street:	Capital Plaza		
City, ST:	Frankfort, KY	ZIP	4
Number of Students	3	Number of Adults	1
		Total:	4
Number of Vehicle(s) Required:	Bus	SUV	1
		Car	
	Will you require a handicap-accessible bus?		Yes No
Does the driver need to remain with group during the event?			Yes No
Emergency Contact Number of Sponsor:		(812) 204-7207	
Additional Requirements:			
Medical Needs:			
Employee Signature:	Scott Herschelman		

Office Use	ORG:		PROJ:	
	Principal Approval:		Amanda Lacer	
	Date of Approval:		10/5/17	