

# Henderson County Schools Transportation Department

5675 Airline Road

Henderson, Ky 42420

Phone: (270) 831-5120

Fax: (270) 831-5122

Mailing Address:

ATTN: Transportation

1805 Second St.

Henderson, Ky 42420



## Overnight and Out of District School Bus Trip Guidelines

During overnight school 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 should be followed: Elementary 10:1 Secondary 15:1
- Sponsors and coaches shall be trained annually to administer medication

### Checklist:

\_\_\_\_ Sponsor/Coach Name: John Boston Cell Number: 270-860-1899

\_\_\_\_ Date of Departure: 12-5-18 Time of Departure: 3:00 pm Elizabethtown, Ky

\_\_\_\_ Date of Return: 12-9-18 Expected Time of Return: 6:00 pm

\_\_\_\_ Adequate Supervision (meets ratio criteria) 1:1 Best of the Bluegrass  
All-Star Game

*\*\*Please List Names of Chaperones\*\**

\_\_\_\_ Obtain parent/guardian permission forms STATE COMMITTEE HAS ON FILE

*\*\*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 No.

\_\_\_\_ Follow all Transportation Department guidelines for bus trips

*\*\*All requests must be in the trip system at least five days prior to the date of departure\*\**

\_\_\_\_ Understand any student's medication needs and/or medical conditions NONE

*\*\*Coaches must carry all player's physicals on any away and overnight trips\*\**

\_\_\_\_ Attach a trip list of students to the principal/designee and a rider's list to the bus driver IAN PITT

*\*\*Rider's list must contain all rider's names and an emergency contact name and number\*\**

\_\_\_\_ Attach and itinerary

\_\_\_\_ Other specific needs: \_\_\_\_\_

John Boston mttaly \_\_\_\_\_  
Signature of Person submitting form Signature of Principal/Designee

This form must be submitted 10 days prior to the date of the trip to the principal or designee.

STUDENTS

09.36 AP.21

**Transportation Request Form**  
(for bus or car)

**EDUCATIONAL, EXTRA-CURRICULAR AND/OR OVERNIGHT TRIP**

(Submit to Transportation Department at least five (5) days prior to date of departure.)

SCHOOL North Middle School REQUESTED BY: Tyler Pugh  
CLASS/ORGANIZATION: Student Y-Club / KYA  
Departure Date and Time: Dec. 9. 8:30 A.M. (Central Time)  
Return Date and Time: Dec. 11 10:00 A.M. (Central) 11:00 AM (Eastern)  
Destination: Crown Plaza Hotel, Louisville, KY  
Purpose/Expected Benefits: Kentucky Youth Assembly / Model State Gov.  
Is a Bus or Car Needed? Bus Has a Driver Been Contacted? No  
Number of Students: 19 Number of Chaperones: 2

Prepare three (3) lists of all persons going on a trip: one for the Principal, one for the bus/car driver, and one for the certified person accompanying the students.

HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? ☐ YES ☐ NO

APPROVED AS SUBMITTED: \_\_\_\_\_

DISAPPROVED FOR THE FOLLOWING REASON: \_\_\_\_\_

Paid By School Allotment \_\_\_\_\_ Other \_\_\_\_\_

(name of account)

[Signature]  
Principal's Signature

11/26/18  
Date

Margaret Stanley  
Board Approval/needed for overnight trips

\_\_\_\_\_  
Date

**RELATED PROCEDURES:**

09.36 (all procedures)

Review/Revised: 9/19/2016

STUDENTS

09.36 AP.21

**Transportation Request Form**  
(for bus or car)

**EDUCATIONAL, EXTRA-CURRICULAR AND/OR OVERNIGHT TRIP**  
(Submit to Transportation Department at least five (5) days prior to date of departure.)

SCHOOL North Middle School REQUESTED BY: Mallory Williams/Cindy Williams

CLASS/ORGANIZATION: North Middle School Cheer Team

Departure Date and Time: Friday, December 14, 2018 - 2:00 p.m.

Return Date and Time: Saturday, December 15, 2018 - 6:00 p.m.

Destination: Lexington, KY

Purpose/Expected Benefits: Compete at KHSAA State Cheer Competition

Is a Bus or Car Needed? Bus Has a Driver Been Contacted? Request Carolyn Littlepage or Phillip Brann

Number of Students: 28 Number of Chaperones: 3

**Prepare three (3) lists of all persons going on a trip: one for the Principal, one for the bus/car driver, and one for the certified person accompanying the students.**

HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? ☒ YES ☐ NO

APPROVED AS SUBMITTED: \_\_\_\_\_

DISAPPROVED FOR THE FOLLOWING REASON: \_\_\_\_\_

Paid By School Allotment \_\_\_\_\_ Other North Middle School

(name of account)

  
Principal's Signature

11/27/18  
Date

Board Approval needed for overnight trips

Date

**RELATED PROCEDURES:**

09.36 (all procedures)

Review/Revised: 9/19/2016