

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: ELYSE DOWDY JACEY BOSTON Cell Number: 277-670-9857

Date of Departure: 7/22/23 Time of Departure: 7/22/23

Date of Return: 7/25/23 Expected Time of Return: 7/25/23

Adequate Supervision (meets ratio criteria)

Please List Names of Chaperones

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

N/A Notify school cafeteria manager of any lunch needs

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

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

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

Attach and itinerary

Other specific needs: N/A

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.

July 22, 2023
Estimated Itinerary for UCA Camp

10:00 AM	Arrive at WKU and register for camp/rooms
10:30 AM	Room assignments & Keys
11:00 AM	Meet in lobby to go to lunch
11:00-12:00 PM	Lunch
12:00 1:00 PM	Return to dorms and get ready for the opening of camp
1:00-5:00 PM	Opening of UCA Camp/Drills/Sidelines
5:00-6:00 PM	Dinner
6:00-9:00 PM	Camp Drills/Cheers
9:00 PM	Return to dorms
10:00 PM	Room Checks/Lights Out

July 23, 2023

7:00 AM	Wake Up Call
8:00 AM	Meet in lobby, walk to breakfast together
8:15-9:00 AM	Breakfast
9:00 AM-12:00 PM	UCA CAMP/Drills/Stunting/Cheers
12:00-1:00 PM	Lunch
1:00-5:00 PM	UCA CAMP/Drills/Stunting/Cheers/Practice
5:00-6:00	Dinner
6:00-9:00	UCA CAMP/Drills/Stunting/Cheers/Practice
9:00	Return to dorms
10:00	Room Checks/Lights Out

July 24, 2023

7:00 AM	Wake Up Call
8:00 AM	Meet in lobby, walk to breakfast together
8:15-9:00 AM	Breakfast
9:00 AM-12:00 PM	UCA CAMP/Drills/Stunting/Cheers
12:00-1:00 PM	Lunch
1:00-5:00 PM	UCA CAMP/Drills/Stunting/Cheers/Practice
5:00-6:00	Dinner
6:00-9:00	UCA CAMP-Theme Night
9:00	Return to dorms
10:00	Room Checks/Lights Out

July 25, 2023

7:00 AM	Wake Up Call
8:00 AM	Meet in lobby, walk to breakfast together
8:15-9:00 AM	Breakfast
9:00 AM-1:00 PM	Last day performance/Competition
1:30 PM	Load bus and return back to HCHS

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Checklist:

Lexington, KY Boys Soccer Tournament

✓ Sponsor/Coach Name: Benson Poyar Cell Number: (270) 860-0962

✓ Date of Departure: 07/21/2023 Time of Departure: 12:00pm

✓ Date of Return: 07/23/2023 Expected Time of Return: 3:00pm

✓ Adequate Supervision (meets ratio criteria) Kevin Steele Isaac Carter(?)
Please List Names of Chaperones Nathan Grace

___ Obtain parent/guardian permission forms
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X Notify school cafeteria manager of any lunch needs

✓ Follow all Transportation Department guidelines for bus trips
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✓ Understand any student's medication needs and/or medical conditions
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___ Attach a trip list of students to the principal/designee and a rider's list to the bus driver
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✓ Attach and itinerary • Hotel Info: Avid Hotel Lexington-Hauberg
1810 Bryant Rd. Lexington, KY 40509 (859) 687-8100

Other specific needs: • Game Location: Masterson Station Park
3051 Crestown Rd. Lexington, KY 40511

[Signature]
Signature of Person submitting form

[Signature]
Signature of Principal/Designee

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

List will be complete after Tryouts (7/18/23).

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 REQUESTED BY: DANA CARLISLE

CLASS/ORGANIZATION: NMS CHEER

Departure Date and Time: July 26 9am

Return Date and Time: July 29 4pm

Destination: Western KY University

Purpose/Expected Benefits: UCA Camp to develop skills and qualifications to later compete for a bid to nationals

Is a Bus or Car Needed? bus Has a Driver Been Contacted? yes

Number of Students: 20 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: Yes

DISAPPROVED FOR THE FOLLOWING REASON: _____

Paid By School Allotment yes Other _____

(name of account)

Will [Signature]
Principal's Signature

7-11-23
Date

Board Approval/needed for overnight trips _____

_____ Date

RELATED PROCEDURES:

09.36 (all procedures)

Review/Revised:9/19/2016

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Checklist: Effingham, IL Volleyball
Tournament
 ___ Sponsor/Coach Name: Gabe Weiss Cell Number: (812) 549-5203

___ Date of Departure: Sept 8, 2023 Time of Departure: 2pm

___ Date of Return: Sept 9, 2023 Expected Time of Return: 4pm

___ Adequate Supervision (meets ratio criteria)
 Please List Names of Chaperones Gabe Weiss, Shannon Lyons

___ Obtain parent/guardian permission forms
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___ Notify school cafeteria manager of any lunch needs
 ___ Follow all Transportation Department guidelines for bus trips
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___ Understand any student's medication needs and/or medical conditions
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___ Attach a trip list of students to the principal/designee and a rider's list to the bus driver
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___ Attach and itinerary
 ___ Other specific needs:
Shannon Lyons Mac A
 Signature of Person Submitting Form Signature of Principal/Designee

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Checklist: Hopkinsville, KY Volleyball
Tournament
 ___ Sponsor/Coach Name: Gabe Weiss Cell Number: (812) 549-5203

___ Date of Departure: Sept 22, 2023 Time of Departure: 4pm

___ Date of Return: Sept 23, 2023 Expected Time of Return: 5pm

___ Adequate Supervision (meets ratio criteria)
 Please List Names of Chaperones Gabe Weiss, Shannan Lyons

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___ Other specific needs: _____

Shannan Lyons Signature of Person submitting form
Mac A Signature of Principal/Designee

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Checklist: Paducah, KY Valleyball
Sponsor/Coach Name: Graeb Weiss Tournament Cell Number: (812) 549-5203

Date of Departure: Sept 29, 2023 Time of Departure: 4pm

Date of Return: Sept 30, 2023 Expected Time of Return: 5pm

Adequate Supervision (meets ratio criteria)
****Please List Names of Chaperones**** Graeb Weiss, Shannon Lyons

Obtain parent/guardian permission forms
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Other specific needs:
Shannon Lyons Signature of Person submitting form
Maed Signature of Principal/Designee

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