Henderson County Schools Transportation Department-

5075 Juring Road

herbreak Kr. (242).

hone (270) 851-8120 02-101-831-5122 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 sponsors and head coaches should ride on the bus with the team/students.

All KHSAA guidelines and board policies should be adhered to

Student Adult ratios should be followed: Elementary 10:1 Secondary 15:1 Sponsors and coaches shall be trained annually to administer medication
Checklist;
Spensor/Coach Name Jaray Boston Elys Duced Number: 270-830-9368
Date of Departure 12-7-23 Time of Departure 5:30
Date of Return: 12-8-23 expected time of Return: 11:00pm
Adequate Supervision (meets ratio criteria) **Please List Names of Chaperones**
Obtain parent/guardian permission forms **Arhietic teams/clubs do not need to get a separate permission form for every trip. One at the regimning of the season/year from each student is sufficient **
Note, school cafeteria manager of any lunch needs
All requests must be in the trip system at least five days prior to the date of departure
**Coarnes must corry oil 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
Signature of Person subrenting form Signature of Principal/Designee
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Liquid Editation and Employment Institution

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

December 7, 2023 Estimated Itinerary for UCA Competition Winchester, KV

	Lotimated functory for Correctingstrates	WITH CHEST CO.
5:30 PM	Leave HCHS	
7:30 PM	Stop for bathroom & bus break	
9:00 PM	Arrive at hotel/Assign Rooms	
10:00 PM	All athletes in their rooms & bed checks	

December 8, 2023

7:00 AM	Wake Up Call
9:00 AM-10:00 AM	Breakfast
10:30 AM-12:00 PM	Practice
12:00-2:00 PM	Team Lunch
2:00-3:00 PM	Get Ready/Leave for Competition
4:00 PM	Arrive at George Roger Clark High School
6:00 PM	COMPETITION
8:00-9:00 PM	Awards

HCHS CHEERLEADING BUS LIST

Cheerleader Name	Cheerleader Name	
Allinder, Ana Claire	Latta, Madi	
Blanford, Mya	Mackeller, Kanna	
Camber, Pate	Marsh, Brennan	
Chandler, Chloe	Mills, Whitney	
Coomes, Tess	McCraken, Hannah	
Dalton, Ainsley	Risley, Meah	
Rendle, Reese	Sellars, Aubree	
Richard, Annaleigh	Shelton, Lilly	
Eblen, Hadley	Smith, Sadie	
Fulcher, Sophia	Thompson, Kinsley	
Grogan, Meryl	Troxel, Courtney	
Hallmark, Autumn	Wiggins, Elayna	
Hargiss, Jacy	Wolfe, Kate	
Harrison, Allisen	Zehner, Addalie	
Hazelwood, Clara		
Joyce, Sophie		
Kennedy, Kaylee		
acey Boston: Coach	Elyse Dowdy: Coach	

Henderson County Schools Transportation Department

5675 Airline Road

Henderson, Ky 42420

Phone: (2

(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: Tyler Smithat Cell Number: 270-860-4957
Date of Departure: 12/19/23 Time of Departure: 11:00am
Date of Return: 12/21/23 Expected Time of Return: \$\infty \copm_
Please List Names of Chaperones Adequate Supervision (meets ratio criteria) Tylev Smithhart Joey Drumport Ryan Haile
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 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: Other specific needs: Other specific needs:
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.

LCA Trip Itinerary-

Basketball

12/19

11:00am Depart HCHS

4:00pm Arrive in Lexington

4:30pm Meal

7:30pm Game 1

10:00pm: Return to Hotel

11:00pm: Bedtime

12/20

8:00am: Breakfast

10:00am: Stretch/Film

2:00pm: Game Time

5:00pm: Dinner

8:00pm: Team Meeting

11:00pm: Bedtime

12/21

8:00am: Breakfast

10:00am: Stretch/Film

2:00pm: Game Time

5:00pm: Leave for Henderson

8:00pm: Arrive Home

Henderson County Varsity Roster (12 Players):

Varsity Number:	Player Name:	Position:	Grade:	Height:	Weight:
#0	Max Thompson	F	12	6'4	190
#1	Cole Branson	G	11	6'1"	150
#2	Davin Paris	G	12	5'8	155
#3	Cooper Davenport	G	11	6'0"	160
#4	Dwaine Moss	G	11	5'11	145
#5	Alec Satterfield	G	11	6'1"	150
#11	Trajdon Davis	F	11	6'2	190
#12	Nick Belle	G	12	5'11"	180
#14	Elijah Suggs	F	11	6'5"	180
#24	Lacon McKinney	G/F	11	6'1"	180
#25	Yusef Sonogo-Kendrick	С	12	6'5	275
#30	Omarion Barrett	F	12	6'2	175
	Players who will Rota	te into the rem	aining Varsity	Jerseys:	
#15					
#21					
#22					
#23					
#30				*	
#32					
#33					

Henderson County Schools Transportation Department

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1210, 531-5122

Mailing Address:

ATTN Transportation

1805 Second St.

Henderson, Ky 42420



Overnight and Out of District School Bus Trip Guidelines

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 Student:Adult ratios should be followed: Elementary 10:1 Secondary 15:1
 Sponsors and coaches shall be trained annually to administer medication
sponsors and codelies shall be trained annually to administer medication
Checklist:
Sponsor/Coach Name: Stephen Haile Cell Number: 270-823-2470
Date of Departure: 12-23 Time of Departure: 9:30 on
Date of Return: 13-30-33 Expected Time of Potus 10:00
Adequate Supervision (meets ratio criteria)
Adequate Supervision (meets ratio criteria) "Please List Names of Chaperones" Many Both Parker Devek Phillips, Adrience Constitution parent/guardian permission forms "Athletic teams/clubs do not need to get a separate permission form for every trip. One at the
Obtain parent/guardian permission forms Stephen Houle, Danny Porking
"Athletic teams/clubs do not need to get a separate permission form for every trip. One at the
nealinning of the season/year from each student is sufficient**
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
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 fist must contain all rider's names and an emergency contact name and number
Attach and itinerary .
Other specific needs:
Stephon Houle 11/31/2
Signature of Person submitting form Signature of Principal/Designee
VI. C.

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

Trip ID#:	
	A CONTRACTOR OF THE PARTY OF TH

Henderson County Schools sportation Request for Extra county

1 900 -	Tallspot	tation Ne	Anger for Exi	cracur	ricular	Irips
Requeste	ed by:	Stepho	n Haile			
Date Sub	mitted:		S	chool:	HCF	15
Group:	6	SIrls B	askatba	II		
Funding S	Source for		0 11 1	tics)	
Destinati	on: S	ivettasi	lle, KY			
Purpose (of Trip:	tompet	e in Lady	1 of t	he So paskatba	uth Il townsmeet
Date(s) o	f Trip:	Dec. 2	7-30,24	13-3		
		Depar	ture Time (CST)		Arrival T	ime (CST)
Т	the Even	t:	9:30 AM/P	M	11.	30 AMY PM
On F	Return Trip	o:	7',45 AM (9	10	M AM (PM)
Street:	1245	Bowlin	g Green R	book		
City, ST:	Scot	tsville			ZIP 4	2164
Number o	of Students	10	Number of Ad	ults	& Tot	al: 19
Number	of Vehicle(s) Required:	Bus	SUV		Car
	Wi	ill you requir	e a handicap-ao	ccessible	e bus?	Yes No
Does the	driver nee	d to remain	with group dur	ing the	event?	Yes No
Emergency Contact Number of Sponsor: (270)823-2470						
Additional Requirements:						
Medical N	leeds:					
Employee	Signature	: Stephe	m Haile			
0	ORG:		PR	ROJ:		
	Principal A	pproval:	lubric	Mil	nas	-
	Date of Ap	oproval:	111	211 X	3	

2023-24 HENDERSON COUNTY LADY COLONELS SCOTTSVILLE TRIP ROSTER

<u>Name</u>	Class	Emergency Contact &	Number
JaNyla Locher	Freshman	Charlotte Cavitt	(270) 702-2707
Bella Estabrook	8 th Grader	Sarah Fleming	(812) 306-7199
Azayah Hall	Freshman	Brittany Hamilton	(270) 832-6835
Addy Gish	Sophomore	Whitney Gish	(270) 577-7754
Jersey Gardner	8 th Grader	Glenda Gardner	(270) 860-0478
Anna Kemp	Junior	Sara Kemp	(270) 869-7828
Allyson Rideout	Junior	Stacey Rideout	(270) 724-6654
Rashia Cansler	Junior	Jada Cansler	(270) 823-4413
A'Tylia Green	Sophomore	Tori Green	(270) 860-4611
Ainara Gojenopa	Senior	Mark Veal	(270) 748-0733
Brooklyn Gibson	Sophomore	Amie Gibson	(270) 577-7135
Callie Burnett	8 th Grader	Katie Burnett	(270) 213-0176

HEAD COACH: Stephen Haile

ASSISTANT COACHES: Danny Perkins, Mary Beth Parker, Derek Phillips, Adrienne Cruse

Henderson County Schools Transportation Department

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101 (51.51) .270, \$31-3122

Mailing Address: ATTN: Transportation 1805 Second St.

Henderson, Ky 42420



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Checklist:
Sponsor/Coach Name: Ted Thompson Cell Number: 812.887 4500
Date of Departure: 3/30/24 Time of Departure:
Date of Return: 4/6/29 Expected Time of Return: after NEW EARLy EVEN
Adequate Supervision (meets ratio criteria) **Please list Names of Chaperones** Obtain parent/guardian permission forms Ted Thompson Josh Jegelewsk: Zech Capps
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 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 **Ceaches 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 un emergency contact name and number** Will do when roskes are finalized. Attach and itinerary Will do when schedule is released.
Other specific needs: Leaf Thomps - Willy Shamay 11/21/2
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.

Signature of Principal/Designee

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Trip ID#:	
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Henderson County Schools Transportation Request for Extracurricular Trips

Requested by:		Ted T	homi	>517			
Date Submitted	The state of the s			School:		HCHI	
Group: Baseball							
Funding Source	for Tr	ip Cost:	Atr	leties	1 Dist	h-1 4	
Destination:	De	stin, F					
Purpose of Trip		Boseba		Borne	ment		
20							
Date(s) of Trip:		3/30	724 -	4/6/2	24		
			ture Time (CST)			Arrival Time (CST)	
To the Event:		9:00		AM) PI	M 6	2:00	AM PM
On Return Trip:		9am		(M) PI	M 6	:00-7:	OG AM /PM
Street:				7 7 7			
City, ST:						71D	
Number of Students : 20							: 20
Number of Vehicle(s) Requ No bus required. Car							
Will your Parent transportation						Yes (No	
Does the driver need to rer						Yes No	
Emergency Contact Numbe					500		
Additional Requ	iireme	nts:					
Medical Needs:							
Employee Signa							
				Z z			
ORG:				PR	OI:		

ŭ	ORG:	PROJ:
33 33 28 38 38 38 38 38 38 38 38 38 38 38 38 38	Principal Approval:	
	Date of Approval:	