

# 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: Jacey Boston Cell Number: 270-830-9368

✓ Date of Departure: 12-13-24 Time of Departure: 10:00 am

✓ Date of Return: 12-14-24 Expected Time of Return: 1:00 pm

✓ Adequate Supervision (meets ratio criteria)

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

Sherry Blosser, Rhonda Richard,  
Tony Rutledge.

✓ 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: \_\_\_\_\_

Jacey Boston

Signature of Person submitting form

Debra Shuman

Signature of Principal/Designee

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

## **HCHS VARSITY CHEERLEADING**

### Competition Team

Cheerleader Name	Cheerleader Name
Maya Blandford	Kanna Mackellar
Lina Bounaira	Hannah McCracken
Ainsley Dalton	Whitney Mills
Hadley Eblen	Reese Rendle
Sophia Fulcher	Annaleigh Richard
Meryl Grogan	Meah Risley
Jacy Hargiss	Presley Royalty
Praislynn Henderson	Lilly Shelton
Sophie Joyce	Sadie Smith
Kaylee Kennedy	Kate Wolfe
Paisley Lancaster	Sarah Yeary
Madi Latta	Addalie Zehner
Coach: Jacey Boston	Coach: Sherry Blosser
Coach: Tony Rutledge	Coach: Rhonda Richard

December 13, 2024  
Estimated Itinerary for KHSAA State

10:00 AM	Leave HCHS
2:00 PM	Arrive at Staybridge Suites Lexington South
2:15 PM	Assign Rooms
4:00 PM	Dinner as a team
8:00 PM	Return to hotel/Team Meeting
10:00 PM	All athletes in their rooms & bed checks

December 14, 2024

7:00 AM	Wake Up Call
7:15AM	Breakfast
7:15 AM	Get Ready
8:30 AM	Leave for Competition
9:00-1:00 PM	COMPETITION/AWARDS
1:30 PM	Parents sign athletes out & return home



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#### Checklist:

\_\_\_ Sponsor/Coach Name: Chelsie Staples Cell Number: 270-577-3330

\_\_\_ Date of Departure: 12/14/24 Time of Departure: 2:00 PM

\_\_\_ Date of Return: 12/15/24 Expected Time of Return: 11:00 pm

\_\_\_ Adequate Supervision (meets ratio criteria)

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

Chelsie Staples & Lauren Wright

\_\_\_ 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 KHSAA Dance State - George Rogers Clark H.S.

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

Chelsie Staples  
Signature of Person submitting form

Aubrey Thomas  
Signature of Principal/Designee

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

## **HCHS VARSITY DANCE TEAM (2024-2025)**

ADELYN BOSWELL  
LANEY MORRIS  
JACEY WALLACE  
CARLEE CLEVELAND  
MOLLY STONE  
KAELYNN KYLE  
ISABELLA SMITH  
KATE THOMAS  
GRAE HOPGOOD  
HANNAH VAUGHN

COACHES: CHESIE STAPLES & LAUREN WRIGHT

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 REQUESTED BY: DANA CARLISLE

CLASS/ORGANIZATION: NMS CHEER

Departure Date and Time: Dec 20, 2024 4pm

Return Date and Time: Dec 21, 2024 2pm

Destination: Elizabethtown KY

Purpose/Expected Benefits: compete for state championship

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

Number of Students: 17 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 yes Other \_\_\_\_\_

Will [Signature] (name of account)  
Principal's Signature 12-2-24  
Date

Board Approval/needed for overnight trips \_\_\_\_\_ Date \_\_\_\_\_

**RELATED PROCEDURES:**

09.36 (all procedures)

Review/Revised: 9/19/2016