

# 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: JERMANE RYAN Cell Number: 270-454-9276

\_\_\_\_ Date of Departure: 12-27-24 Time of Departure: 12pm

\_\_\_\_ Date of Return: 12-29-24 Expected Time of Return: 4pm

☒ 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\*\***

☒ **NA** 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: \_\_\_\_\_

[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.**

**The Following wrestlers will be wrestling in the Jim Matney Memorial Tournament at Johnson Central High School on Dec 28th and we will be leaving the day before on Dec 27th to get up there and check weight and get some rest before Saturday:**

Asher Daily (Parent's Room)  
Sydney Chambers (Parent's Room)  
Wyatt Payne (Parent's Room)  
Lane Corpe (Parent's Room)  
Wyatt Holland (Parent's Room)  
Brock Crook (Parent's Room)  
Jaxson Wallace (Parent's Room)  
Latravion Johnson (Parent's Room)

**Room1: (These Students Will be Transported by Coach Poynter)**

Jimmie Ballard  
Kilynn Taylor  
Nicky Hill

**Room 2: (These Students Will be Transported by Coach Poynter)**

Camryn Ramirez  
Rayden Pruiett  
Ethan Peckenpaugh

**Room 3: Coaches Attending:**

Jermaine Poynter  
Eddie Payne  
Jason Henshaw  
Weston Melton  
Josh Bell

All Wrestlers have been given permission from their parents or guardians to travel with the team.

Depart on 12-27-2024 @ 12:00pm  
Arrive at Hotel @ 6pm Est

6p-9p obtain supper for athletes  
10p All wrestlers in their rooms or with parents

Depart hotel on 12-28-24 @ 7am to head to the tournament and return to hotel upon conclusion of the tournament.

6p-9p obtain supper for athletes  
10p All wrestlers in their rooms or with parents

Check out of hotel on 12-29-24 @ 11:00am and travel back to Henderson.  
6pm estimated arrival back to HCHS.



OK



Trip ID#:

05408

# Henderson County Schools Transportation Request for Extracurricular Trips

Requested by:	Jemima Popper		
Date Submitted:	11-19-24	School:	HCHS
Group:			
Funding Source for Trip Cost:			
Destination:	Johnson Central High School		
Purpose of Trip:	Wrestling Tournament		
Date(s) of Trip:	12-27-24 / 12-28-24 2 days		
	Departure Time (CST)	Arrival Time (CST)	
To the Event:	5pm on 27th AM / PM	9:30 AM / PM	
On Return Trip:	8:00 AM / PM	11:00 AM / PM	
Street:	257 N. Mayo Trl		
City, ST:	Paintsville, Ky	ZIP	4240
Number of Students	35	Number of Adults	2 Total:
Number of Vehicle(s) Required:	Bus	<input checked="" type="checkbox"/> SUV	<input checked="" type="checkbox"/> Car
	Will you require a handicap-accessible bus?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does the driver need to remain with group during the event?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Emergency Contact Number of Sponsor:	(270) 454-9276		
Additional Requirements:			
Medical Needs:			
Employee Signature:			

ORG:		PROJ:	
Principal Approval:			
Date of Approval:	12/19/24		

MAY BE OVERNIGHT TRIP AND ON MAY ONLY  
NEED A VAN IF STUDENTS TRAVEL WITH PARENTS

(VAN  
6 KIDS)

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- 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: Danna Rebin Cell Number: 270 860 0485
- ☒ Date of Departure: 1/22/25 Time of Departure: 11:30 am
- ☒ Date of Return: 1/23/25 Expected Time of Return: 4:00 pm
- ☒ 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\*\*
- ☒ 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:

Danna Rebin  
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.

December 10, 2024

Dear School Board Members,

On Wednesday, January 22 through Thursday, January 23, 2025 HCHS FBLA is asking permission to take 1 student to the Kentucky FBLA State Executive Council Meeting in Louisville, Kentucky at Drury Inn. The student will be accompanied by Danna Robinson.

We will leave Henderson County High School at 11:30 a.m. on Wednesday and return on Thursday afternoon around 4 p.m.

The student that is requesting to be able to attend is Landon Chandley. Landon is currently serving as FBLA Region 1 President. Landon and Danna Robinson also serve on the State FBLA Executive Council.

Thanks,

A handwritten signature in black ink, appearing to read 'Danna Robinson', written over the printed name.

Danna Robinson



Schedule for State Executive Council Meeting  
1/22/25-1/23/25

Drury Inn and Suites-Louisville East

Depart HCHS: 11:30

Meet other state officers and advisers for dinner at 3:30 CDT in Louisville.

Arrive at Drury Inn: 5:00 p.m. CDT on 1/22/25

Check-In: 5:15p.m. (Sheena Searcy and Connie Witt will pass out the keys to the rooms. Students will be sharing rooms with other state officers, Advisers will share with other advisers)

Region and State Officer Photos: 5:30

Meetings start at 6 that evening.

Begin meetings again the next morning at 8:00 a.m and conclude in the afternoon.

Departure Drury Inn: 2:00 p.m

Arrival back to HCHS: 4:00 p.m.

Student Officers on the Council that will be traveling from Henderson County High School:

Landon Chandley, Region 1 President

Chaperone and Region 1 Chair:

Danna Robinson



Trip ID#:

05479

## Henderson County Schools

### Transportation Request for Extracurricular Trips

Requested by:	Danna Robinson				
Date Submitted:	12/10/2024		School:	HCHS	
Group:	FBLA				
Funding Source for Trip Cost:	LOVE				
Destination:	FBLA State Executive Council Meeting				
Purpose of Trip:	Prepare for Region + State Conference				
Date(s) of Trip:	1/22/25 - 1/23/25				
	Departure Time (CST)		Arrival Time (CST)		
To the Event:	11:30 AM <input checked="" type="radio"/> PM		2:30 AM <input checked="" type="radio"/> PM		
On Return Trip:	2:00 AM <input checked="" type="radio"/> PM		4:00 AM <input checked="" type="radio"/> PM		
Street:	9501 Blairwood Rd.				
City, ST:	Louisville, Ky		ZIP	40222	
Number of Students	1	Number of Adults	1	Total:	2
Number of Vehicle(s) Required:	Bus		SUV	1	Car
	Will you require a handicap-accessible bus?			Yes	<input checked="" type="radio"/> No
Does the driver need to remain with group during the event?				<input checked="" type="radio"/> Yes	No
Emergency Contact Number of Sponsor:	(270) 866-0455				
Additional Requirements:					
Medical Needs:					
Employee Signature:	Danna Robin				

Office Use	ORG:		PROJ:	
	Principal Approval:	[Signature]		
	Date of Approval:	12/18/24		



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### Checklist:

✓ Sponsor/Coach Name: Jacey Boston Cell Number: 270-830-9368

✓ Date of Departure: 2-5-25 Time of Departure: \_\_\_\_\_

✓ Date of Return: 2-10-25 Expected Time of Return: \_\_\_\_\_

✓ Adequate Supervision (meets ratio criteria)

**\*\*Please List Names of Chaperones\*\*** Jacey Boston, Rhonda Richard, Sherry Blosser

✓ 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\*\***

NA 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

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

Jacey Boston  
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.**



## UCA CHEER NATIONALS ITINERARY

FEBRUARY 5, 2025

Travel to UCA Nationals-Orlando Florida
Arrive at hotel: Disney's All Star Resorts 1801 W Buena Vista Dr. Lake Buena Vista, FL 32830
PH: 407-939-5277

February 6, 2025

Cheer Routine Practices
Disney Park Time (if schedules allow)

February 7, 2025

Cheer Routine Practice
Prelim Competition

February 8, 2025

Cheer Routine Practices
Semi-Finals Competition

February 9, 2025

Cheer Routine Practices
Finals Competition

February 10, 2025

Travel home
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## **HCHS VARSITY CHEERLEADING**

Competition Team

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

Trip# 05508

STUDENTS

09.36 AP.21

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

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

SCHOOL NORTH MIDDLE REQUESTED BY: DANA CARLISLE

CLASS/ORGANIZATION: NMS CHEER

Departure Date and Time: Feb. 6 8:15 am

Return Date and Time: Feb 11 4pm

Destination: Walt Disney , Orlando FL

Purpose/Expected Benefits: compete for National Title

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

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

Will Vaughn  
Principal's Signature

(name of account)

1-14-25  
Date

Board Approval/needed for overnight trips

Date

**RELATED PROCEDURES:**

09.36 (all procedures)

Review/Revised: 9/19/2016

Drop off / Pick up @ BNA

Request Bill Vaughn



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 Henderson County High School REQUESTED BY: Megan Morris  
CLASS/ORGANIZATION: City of Henderson Jr. Ambassador Program  
Departure Date and Time: February 27<sup>th</sup> 10:30 a.m.  
Return Date and Time: February 28<sup>th</sup> 6:00 p.m.  
Destination: Frankfort KY  
Purpose/Expected Benefits: Attend Legislative Session  
Is a Bus or Car Needed? Bus Has a Driver Been Contacted? Yes  
Number of Students: 12 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 community sponsors Other \_\_\_\_\_  
Megan Morris 1-14-2025 (name of account) \_\_\_\_\_  
[Signature] Principal's Signature 1/14/25 Date

Board Approval/needed for overnight trips

Date

**RELATED PROCEDURES:**

09.36 (all procedures)

Review/Revised:9/19/2016