5675 Airline Road Henderson, KY

Phone: (270) 831-5120

Fax: (270) 831-5122

**Mailing Address:** 

ATTN: Transportation

1805 Second St.

Henderson, KY 42420



# Overnight & 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
- Sponsors and coaches shall be trained annually to administer medication.

Check	diet.	
Cilecr	Sponsor/Coach Name: KOTIC JOHNSON	Cell Number: 224-374-4529
	Date of Departure: 10/31/25 Time of Departure	arture: 9:00 AM
	Date of Return: 11/1/25 Expected Time o	f Return:5:00 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 I	Permission Form for Every Trip. One at the
	Beginning of the Season/Year from each Student is Suff	icient**
	Notify School Cafeteria Manager of Any Lunch Needs	
	D Fallow All Transport is a	
	Follow All Transportation Department Guidelines for B	us Trips
	**All Request Must be in the Trip System at Least <b>FIVE</b> of	
	Understand Any Student's Medication Needs and/or M **Coaches Must Carry All Player's Physicals on Any Awa	edical Conditions Let to Nume 10/29/c: sy and Overnight Trips**
	Attach a Tip List of Students to the Principal/Designee	and a Rider's List to the Rue Driver
	**Rider's List Must Contain All Rider's Names and an En	perdency Contact Name and Number**
	Attach an Itinerary	icigency condendativame and Number
	- Attach an Itinerary	100 Janes
	Other Specific Needs:	(N) (1)
Ü	Kattle John	July State of
9	Signature of Person Submitting Form	Signature of Principal/Designee
	This Form Must be Submitted 40 Day Div.	(

This Form Must be Submitted 10 Days Prior to the Date of the Trip to the Principal/Designee

The mission of Henderson County Schools is to provide extraordinary educational opportunities for every student.

Equal Educational and Employment Institution

### KHSAA State Cross Country Championship Itinerary

Event Date: Saturday, November 1, 2025 Location: Kentucky Horse Park, Lexington, KY

Practice Day: Friday, October 31, 2025, 3:00·5:30 PM ET

### Friday, October 31 · Travel & Practice

- 9:00 AM: Depart from Henderson County High School
- 1:30 PM: Lunch stop en route (Cracker Barrel or Chick-fil-A in Elizabethtown)
- 3:00·5:30 PM: Practice session at Kentucky Horse Park
- 6:00 PM: Check-in at TownePlace Suites Hamburg, Lexington
- 7:30 PM: Team dinner (Malone s Hamburg or Old Chicago nearby)
- 9:30 PM: Team meeting & lights out

### Saturday, November 1 · Race Day Schedule

#### Class 3A

- 10:00 AM: Boys Race - 10:45 AM: Girls Race

#### Class 2A

- 12:30 PM: Boys Race
- 1:15 PM: Girls Race

#### Class 1A

- 3:00 PM: Boys Race- 3:45 PM: Girls Race

#### Tickets & Fees

- Tickets: Purchase online via GoFan (https://khsaatickets.org)
- Fees:
- \$4 facility fee per runner
- \$4 parking fee per ticket (included in ticket price)
- Prices increase by \$3 after midnight on Oct. 31

#### **Packing Checklist**

- Uniforms & spikes
- Warm-up gear
- Water bottles & snacks
- School banner/flag
- Medical forms & waivers
- Printed race schedule & hotel info

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Check	list:  Sponsor/Coach Name: Rebecca Robards Cell Number: (270) 724-1046	
	$\square$ Date of Departure: $11/2/25$ Time of Departure: $2 \square \square$	
	Date of Return: 11/3/15 Expected Time of Return: ~9 pm	
	Adequate Supervision (Meets Ratio Criteria) Chaperones: Becca Robards  **Please List Names of Chaperones**  Lim McGuire	
	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 Request Must be in the Trip System at Least <b>FIVE</b> 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 Tip 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 an Itinerary	
	Other Specific Needs:	
	Klend 2 Juleshtman	
	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/Designee

# **Quad State 2025 Itinerary**

### Sunday, November 2nd, 2025

2:00 pm: Meet at HCHS (choir room) and depart for Murray

4:00 pm: Arrive and check in at Springhill Suites

5:00 pm: Dinner

7:00 pm: Arrive at Lovett Auditorium (MSU Campus)

7:15 pm: Rehearsal

9:00: Rehearsal ends; depart for the hotel

11 pm: Lights Out

### Monday, November 3rd, 2025

7:00 am: Wake Up and PACK

8:00 am: Check Out of hotel and depart for MSU

8:30 am: Rehearsal

10:15 am: Break

10:30 am: Rehearsal

11:45 am: Lunch

1:00 pm: Return to MSU

1:15 pm: Rehearsal

2:30 pm: Mini Concert by MSU Concert Choir

3:15 pm: Final Rehearsal with Orchestra

4:30 pm: Dinner Break and Change for Concert

6:15 pm: Choir in seats for Concert

6:30 pm: FREE Concert!

~7:15 pm: Depart for HCHS

~9:15 pm: Arrive back at HCHS

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- Sponsors and coaches shall be trained annually to administer medication.

Check	Sponsor/Coach Name: Roude Fiched Dacey Boston Cell Number: $\frac{270-860+336-3}{270-830-936}$ Date of Departure: $\frac{11-7-2005}{270-830-936}$ Time of Departure: $\frac{3:45p}{270-830-936}$
	Date of Departure: $11-7-2005$ Time of Departure: $3:45p$
	Date of Return: 11-8-2025 Expected Time of Return: Appx 4pm (W10 bus)
	Adequate Supervision (Meets Ratio Criteria) Jaccy Poston Sherry Diesser  **Please List Names of Chaperones** Tony Rurledge Rhonan Richard  Obtain Parent/Guardian Permission Forms  **Athletic Teams/Glubs 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 Request Must be in the Trip System at Least <b>FIVE</b> 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 Tip 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 an Itinerary
	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/Designee

### 10/31/2025

RE: Itinerary and Information regarding overnight for Junior Varsity and Varsity Cheerleading teams 11/7/2025 to 11/8/2025.

# KHSAA REGIONAL COMPETITION - MCCRACKEN COUNTY HIGH SCHOOL

Depart:

11/7/2025 - 3:45pm to Hampton Inn Paducah.

11/8/2025 - 7:30a/8:00am to McCracken County High School for competition. (gates for teams open at 7:40am)

<sup>\*\*</sup>see attached for more detailed competition information. Times could change to earlier due to teams dropping from the competition.

Trip ID#: 06419

Henderson County Schools
Transportation Request for Extracurricular Trips

Requested by: HCHS CHEEFLEADING - JV and Varsily				
Date Submitted: 10/31/2025 School: Henderson County His	1			
Group: CH441- Varsity and Junior Varsity				
Funding Source for Trip Cost: Hats Cheep				
Destination: Paducah, Kentucky				
Purpose of Trip: KHSAA CHEER leading Regionals Competit	ion			
-Both J.V. and Varsity win compete!				
Date(s) of Trip: 11-7-2025 to 11-8-2025				
Departure Time (CST) Arrival Time (CST)				
To the Event: 4:30 15 AM /PM) 7:30 /9 AM /PM)				
On Return Trip: 7:30/Q:00 (AM) PM bus Can ReturnAM/PM CUFUR drop to School.				
Street: Hampton In a Padwach (11-7) mc Cracken Country High School 4530 Old Huy 60	L (11-6)			
City, ST: 3901 Coleman Crossing Cit ZIP 42001				
Number of Students 4 Number of Adults 4 Total: 44				
Number of Vehicle(s) Required: Bus I was SUV Person Car				
Will you require a handican-accessible bus? Yes No	1 Lak			
Does the driver need to remain with group during the event? (Yes) No	overnite to take			
Emergency Contact Number of Sponsor: (270) 830 -9366 Jacey bus can depart.				
Additional Requirements:				
Medical Needs:				
Employee Signature: Ochonda & Selchard				
ORG: PROJ:				
Principal Approval:				
Date of Approval: \\\\3\35				

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- 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: North Middle School Cheer leam
Checklist:  North Middle School Cheer leam  Sponsor/Coach Name: Jamantha Willer Sell Number: 210 844 2996
Date of Departure: 11/22/25 Time of Departure: est. 2pm Fishers, II
Date of Return: 11/23/25 Expected Time of Return: est. 7pm
Adequate Supervision (meets ratio criteria)  **Please List Names of Chaperones** Jamantha Wilkerson, Bailey Ayer
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 <b>five</b> 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 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.

### Saturday, November 22nd

1:30pm - Girls Arrive at NMS. Girls should be wearing their maroon practice shirt, warm-up top, and black bottoms.

2pm - Load the bus and leave NMS

3:30pm - Stop for bathroom break (estimated time)

6pm - Get dinner in Fishers, IN (Chic-Fil-A, Shake Shack, Culver's, or Zaxby's)

\*Girls will need to bring money\*

7:30pm - Check into hotel

8:30pm - Team Meeting in Coaches Room

11pm - Lights Out

### Saturday, November 23rd

7:30am - Wake Up, eat breakfast at the hotel, change into uniform with warm-up on top, pack up room

Do make-up and hair at this point (low pony, multicolored bow)

8:30am - Room Checks

8:45am - Leave Hotel

9am - Arrive at Hamilton Southeastern High School

Check-in, Unload Bus, use the restroom

If weather permits, we will warm-up outside

10:14am - Check in for warm-up

10:22am - Stretch

10:30am - Warm-Up

10:48am - Compete

We will pack everything up at this time, then return inside to watch some groups.

\*Everything else is estimated times. I will have these details around Nov. 14th\*

12:30pm - Awards

1pm - Stop for lunch

\*Girls will need to bring money\*

2pm - Hit the road

4pm - Arrive at NMS