

SOUTH GIBSON SCHOOL CORPORATION

OVERNIGHT TRIP APPLICATION FORM

A. SPONSOR(S) SECTION (Use "NA" for questions not applicable)A-1. Sponsor(s) Jessie Mary, John RexingA-2. Group(s) attending: livestock judgingA-3. Date you filed this application: 12 20 2022A-4. Date of departure: 05 19 2023 Date of return: 05 20 2023A-5. Total number of school days to be absent: 0

A-6. What is the educational purpose of this trip?

livestock State Contest

A-6-1. Where will the group be traveling to? Where is the location of the event?

TexarkanaA-7. WHY is this trip necessary? Awarded; Selected; Invited; Competition; Other; And explain?A-8. Approximate total of students attending: 10A-9. Estimated numbers in each grade attending: K 1 1 2 2 3
4 4 5 5 6 6 7 7 8 8 9 8 10 1 11 1 12 1A-10. Approximate number of chaperones supervising: 2A-11. Name of person(s) having Single Point Accountability (SPA) for all the "Consent for Medical Treatment Forms" of students, sponsors, and chaperones. Jessie Mary
duplicate set of medical forms must be delivered to the Central Office at or before departure.

A-12. What mode of transportation are you using to get to your destination?

mini busA-13. Which particular funds (accounts) and fundraisers are being used to fund this trip? Fund name IFPFundraisers —A-14. Estimate or range the total cost of the trip \$ 1200-2000Estimate or range the total cost to each student \$ —Estimate or range the total cost to each chaperone \$ —A-15. Are students and chaperones using any personal money for transportation and tickets for this trip? Yes ☒ or No ☒. If Yes answer the following.

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Approximate or range of cost to the student \$ 50 (meals)
Approximate or range of cost to the chaperone \$ —

- A-16. **ATTACH AND SUBMIT** A complete itinerary shall be attached to this form listing all events and times along with hotel names and methods of supervision. Be as complete as possible.
- A-17. **ATTACH AND SUBMIT** The transportation company phone number, fax number, a copy of their liability insurance certificate (limits of liability), and any other pertinent information related to the experience and integrity of this company.
- A-18. **AT DEPARTURE, SUBMIT AN ACCURATE LIST OF ALL STUDENTS AND CHAPERONES ALONG WITH MAJOR CHANGES TO THE ITINERARY TO THE AFFECTED PRINCIPAL.** Break down the list of chaperones into teachers, parents, college students, and other helpers. **The principal will fax to the Central Office the exact list of the group departing along with the updated itinerary.**
- A-19. **REMINDER:** It is mandatory to fill out and return page number #4 of this form to the affected principal within one week upon returning unless extra time is needed and granted by the affected principal.
- A-20 **NOTICE:** If dates or places should change after this trip is approved, this entire form must be resubmitted with changes for approval by the board.

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GROUP(S) ATTENDING livestock

SPONSOR Jessie Mazy

Licking State

B. PRINCIPAL SECTION:

B-1. Date form received: 12 19 22

B-2. Have all affected teachers of participating students been notified and student requirements for makeup work been approved. Yes ☒ No ☐

B-3. In comments section record any previous trip concerns with an affected individual, group, or sponsor.

B-4. Are substitute teachers available for affected classes? Yes ☐ No ☐.
If Yes, fill in the necessary information.

Sub name and class: _____

Sub name and class: _____

Sub name and class: _____

Sub name and class: _____

B-5. [Signature] 12/19/22
Approved by: Name and Date Denied by: Name and date

B-6. Comments:

C. SUPERINTENDENT SECTION:

C-1. Date form received: 12 20 22

C-2. [Signature] 12/20/22
Approved by: Name and Date Denied by: Name and Date

C-3. Comments: