

SOUTH GIBSON SCHOOL CORPORATION

OVERNIGHT TRIP APPLICATION FORM

A. SPONSOR(S) SECTION (Use "NA" for questions not applicable)A-1. Sponsor(s) Jessie MrazA-2. Group(s) attending: Day Judging #17A-3. Date you filed this application: 01 24 2023A-4. Date of departure: 07 00 2023 Date of return: 07 07 2023A-5. Total number of school days to be absent: 0

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

State Day Judging Contest

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

Whitefly CoA-7. WHY is this trip necessary? Awarded; Selected; Invited; Competition; Other; And explain?State DayA-8. Approximate total of students attending: 14A-9. Estimated numbers in each grade attending: K 1 2 3
4 5 6 7 8 9 10 11 12A-10. Approximate number of chaperones supervising: 1A-11. Name of person(s) having Single Point Accountability (SPA) for all the "Consent for Medical Treatment Forms" of students, sponsors, and chaperones. **Note: A duplicate set of medical forms must be delivered to the Central Office at or before departure.**Jessie Mraz

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

minibusA-13. Which particular funds (accounts) and fundraisers are being used to fund this trip? Fund name FFA
Fundraisers _____A-14. Estimate or range the total cost of the trip \$ 3,000
Estimate 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 X. If Yes answer the following.

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B. PRINCIPAL SECTION:

B-1. Date form received: 21 27 23

B-2. Have all affected teachers of participating students been notified and student requirements for makeup work been approved. Yes ___ No ___ N/A

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] 1/27/23
Approved by: Name and Date Denied by: Name and date

B-6. Comments:

C. SUPERINTENDENT SECTION:

C-1. Date form received: _____

C-2. _____
Approved by: Name and Date Denied by: Name and Date

C-3. Comments:

