



**SOUTH GIBSON SCHOOL CORPORATION**  
**OVERNIGHT TRIP APPLICATION FORM**

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- 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.

**GROUP(S) ATTENDING** \_\_\_\_\_

**SPONSOR** \_\_\_\_\_

**B. PRINCIPAL SECTION:**

**SOUTH GIBSON SCHOOL CORPORATION**  
**OVERNIGHT TRIP APPLICATION FORM**

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**B-1.** Date form received: 3 14 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.** MAH 3/14/23  
Approved by: Name and Date Denied by: Name and date

**B-6.** Comments:

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**C. SUPERINTENDENT SECTION:**

**C-1.** Date form received: \_\_\_\_\_

**C-2.** \_\_\_\_\_  
Approved by: Name and Date Denied by: Name and Date

**C-3.** Comments:

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**GROUP(S) ATTENDING** \_\_\_\_\_ **SPONSOR** \_\_\_\_\_

**A. AFTER RETURNING FROM YOUR TRIP SPONSOR FILLS OUT THIS SECTION:**