

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

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**A. SPONSOR(S) SECTION** (Use "NA" for questions not applicable)

A-1. Sponsor(s) Chris Branam

A-2. Group(s) attending: Wrestling

A-3. Date you filed this application: 12 20 11

A-4. Date of departure: 12 29 11 Date of return: 12 30 11

A-5. Total number of **school** days to be absent: 2

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

Wrestling Trip

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A-7. WHY is this trip necessary? Awarded; Selected; Invited; Competition; Other; And explain?

Wrestling Trip

\_\_\_\_\_

\_\_\_\_\_

A-8. Approximate total of students attending: 12

A-9. Estimated numbers in each grade attending: K 1 2 3

4    5    6    7    8    9    10    11    12   

A-10. Approximate number of chaperones supervising:   

A-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.**

Chris Branam

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

SPV

A-13. Which particular funds (accounts) and fundraisers are being used to fund this trip? Fund name Athletics

Fundraisers   

\_\_\_\_\_

A-14. Estimate or range the total cost of the trip \$ 300

Estimate or range the total cost to each student \$ 2

Estimate or range the total cost to each chaperone \$ 2

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.

Approximate or range of cost to the student \$   

Approximate or range of cost to the chaperone \$

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**B. PRINCIPAL SECTION:**

**B-1.** Date form received: 12 20 11

**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 ☒ N/A  
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] 12/20/11  
Approved by: Name and Date Denied by: Name and date

**B-6.** Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. SUPERINTENDENT SECTION:**

**C-1.** Date form received: 12 20 11

**C-2.** [Signature] 12/20/11  
Approved by: Name and Date Denied by: Name and Date

**C-3.** Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## Wrestling Itinerary

12/29-12/30

Hopkinsville, KY

12/29

Depart GS: 4:00

Arrive Hopkinsville Best Western 6:30

Depart Best Western for Hopkinsville High School @ 7:00 for workout

Return to Hotel approximately 9:00 PM

11:00 Lights Out

12/30

Wake Up Call: 6:00 AM

Depart Hotel: 6:30 AM

Arrive Hopkinsville High School 7:00 AM

Wrestle

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**OVERNIGHT TRIP APPLICATION FORM CHECK LIST**

NAME OF GROUP/CLUB Wrestling SPONSOR Branan  
DESTINATION/NATURE OF TRIP Hopkinsville, Ky  
DATES OF TRIP 12/29 - 12/30

1. Receive initial request with following information: (keep on file)
  - A. Page 1 – Application form to be submitted to Board
  - B. Itinerary
  - C. Transportation documentation
  - D. Page 3 – Principal Approval Form
2. Superintendent signs date received and approval/disapproval. Fax back to principal/sponsor with note that trip is contingent upon Board approval.
3. Present to Board for approval – fax Board's decision given under Superintendent's comments to principal/sponsor.
4. Principal submits updated itinerary and exact listing of all participants, including students, chaperones, etc.
5. One week after trip, sponsor submits page 4 with comments and principal's signature.
6. Superintendent signs page 4 – fax back to principal and sponsor.