

SOUTH GIBSON SCHOOL CORPORATION
OVERNIGHT TRIP APPLICATION FORM

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 \$ _____

SOUTH GIBSON SCHOOL CORPORATION
OVERNIGHT TRIP APPLICATION FORM

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

SOUTH GIBSON SCHOOL CORPORATION
OVERNIGHT TRIP APPLICATION FORM

8

OVERNIGHT TRIP APPLICATION FORM CHECK LIST

NAME OF GROUP/CLUB Wrestling SPONSOR Bramm
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.