

SOUTH GIBSON SCHOOL CORPORATION

OVERNIGHT TRIP APPLICATION FORM

A. SPONSOR(S) SECTION (Use "NA" for questions not applicable)A-1. Sponsor(s) Jessie May, John RexingA-2. Group(s) attending: livestock judgingA-3. Date you filed this application: 2 7 2009A-4. Date of departure: 05 17 2009 Date of return: 05 18 2009A-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?

Texarkana

A-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 5 5 6 6 7 7 8 8 9 9 4 10 4 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 May
~~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 bus Bruce gets DriverA-13. Which particular funds (accounts) and fundraisers are being used to fund this trip? Fund name IFPAFundraisers —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 X. If Yes answer the following.

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B. PRINCIPAL SECTION:

B-1. Date form received: 2 7 24

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

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]* 2/13/24
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:

