

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: State Juggling #17A-3. Date you filed this application: 2 7 2024A-4. Date of departure: 07 11 2024 Date of return: 07 12 2024A-5. Total number of school days to be absent: 0

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

State Day Juggling Contest

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

Whitley Co. FairgroundsA-7. WHY is this trip necessary? Awarded; Selected; Invited; Competition; Other; And explain?State Day Juggling ContestA-8. Approximate total of students attending: 14A-9. Estimated numbers in each grade attending: K 1 1 2 2 34 5 5 6 6 7 7 8 8 9 9 10 10 11 11 12 12 ✓A-10. Approximate number of chaperones supervising: 1

A-11. Name of person(s) having Single Point Accountability (SPA) for all the "Consent

for Medical Treatment Forms" of students, sponsors, and chaperones. Jessie Mrazduplicate set of medical forms must be delivered to the Central Office at orbefore departure

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

minibus Bruce Anclize driver b/c distance

A-13. Which particular funds (accounts) and fundraisers are being used to fund this

trip? Fund name FFAFundraisers —A-14. Estimate or range the total cost of the trip \$ 3,000Estimate 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 ☒ 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] 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:

