

**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) TIM SPEEDY - G.S. ARCHERY COACH / SRO

A-2. Group(s) attending: G.S. ARCHERY - GSHS MEMBERS

A-3. Date you filed this application: 10 10 2024

A-4. Date of departure: \_\_\_\_\_ Date of return: NOV 9-10, 24 OR NOV 16-17, 24

A-5. Total number of school days to be absent: \_\_\_\_\_

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

EDUCATIONAL SESSIONS OF MARENGO CAVE (2) AND  
TEAM BUILDING / CAMPING IN A LODGE OWNED & OPERATED  
BY U.S. GOVERNMENT ON SITE.

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

MARENGO CAVE, MARENGO, IN

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

TEAM BUILDING / EDUCATIONAL ACTIVITY

A-8. Approximate total of students attending: 24

A-9. Estimated numbers in each grade attending: K \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 5 10 10 11 6 12 3

A-10. Approximate number of chaperones supervising: 6

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.**

TIM SPEEDY

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

School Bus

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

Fundraisers \_\_\_\_\_

A-14. Estimate or range the total cost of the trip \$ TBD - Depends on # who ATTEND

Estimate or range the total cost to each student \$ \$5-90

Estimate or range the total cost to each chaperone \$ \$5-90

A-15. Are students and chaperones using any personal money for transportation and tickets for this trip? Yes X or No \_\_\_\_\_. If Yes answer the following

See ABOVE: Students / Chaperones  
will be responsible for one Fast Food meal.

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**B. PRINCIPAL SECTION:**

B-1. Date form received: 10 10 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] 10/10/24  
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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_