

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

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

A-1. Sponsor(s) Jessie Mazy

A-2. Group(s) attending: FFA

A-3. Date you filed this application: 12 17 2024

A-4. Date of departure: 05 02 2025 Date of return: 05 03 2025

A-5. Total number of **school** days to be absent: 0

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

State Poultry Judging / State Livestock

\* Livestock now has a regional qualifier if the team for Livestock doesn't make it to state just poultry team will go

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

Boone Co. Fairgrounds Lebanon TN

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

A-8. Approximate total of students attending: 14

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

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. **Note: A duplicate set of medical forms must be delivered to the Central Office at or before departure.**

Jessie Mazy

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

minibus

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

FFA

Fundraisers FFA

A-14. Estimate or range the total cost of the trip \$ 0

Estimate or range the total cost to each student \$ 0

Estimate or range the total cost to each chaperone \$ 0

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.

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**B. PRINCIPAL SECTION:**

**B-1.** Date form received: 12 17 24

**B-2.** Have all affected teachers of participating students been notified and student requirements for makeup work been approved. Yes \_\_\_ No \_\_\_

**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.** JWK 12/17/24  
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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_