

SOUTH GIBSON SCHOOL CORPORATION

OVERNIGHT TRIP APPLICATION FORM

A. SPONSOR(S) SECTION (Use "NA" for questions not applicable)A-1. Sponsor(s) J. MazyA-2. Group(s) attending: FFAA-3. Date you filed this application: 4 25 25A-4. Date of departure: 06 16 2025 Date of return: 06 19 2025A-5. Total number of school days to be absent: 0

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

Contest advancing to state, several award
presentations

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

Purdue / LafayetteA-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 2 3
4 4 5 5 6 6 7 7 8 8 9 9 10 10 11 11 12 12A-10. Approximate number of chaperones supervising: 1A-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.**

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

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

Fundraisers _____

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

Estimate 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 . If Yes answer the following.

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Approximate or range of cost to the student \$ _____
Approximate or range of cost to the chaperone \$ _____

- A-16. ATTACH AND SUBMIT** A complete itinerary shall be attached to this form listing all events and times along with hotel names and methods of supervision. Be as complete as possible.
- A-17. ATTACH AND SUBMIT** The transportation company phone number, fax number, a copy of their liability insurance certificate (limits of liability), and any other pertinent information related to the experience and integrity of this company.
- A-18. AT DEPARTURE, SUBMIT AN ACCURATE LIST OF ALL STUDENTS AND CHAPERONES ALONG WITH MAJOR CHANGES TO THE ITINERARY TO THE AFFECTED PRINCIPAL.** Break down the list of chaperones into teachers, parents, college students, and other helpers. **The principal will fax to the Central Office the exact list of the group departing along with the updated itinerary.**
- A-19. REMINDER:** It is mandatory to fill out and return page number #4 of this form to the affected principal within one week upon returning unless extra time is needed and granted by the affected principal.
- A-20 NOTICE:** If dates or places should change after this trip is approved, this entire form must be resubmitted with changes for approval by the board.

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GROUP(S) ATTENDING _____ **SPONSOR** _____

B. PRINCIPAL SECTION:

B-1. Date form received: 4 25 25

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.  4/25/25
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:

