

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) Nick Hart (Football Coaches)

A-2. Group(s) attending: Football

A-3. Date you filed this application: 8 5 2025

A-4. Date of departure: 8 29 2025 Date of return: 8 30 2025

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

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

Football game and team building

A-6.1. Where will the group be traveling to? Where is the location of the event?

Rochester, Illinois. Rochester High School

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

Competition

A-8. Approximate total of students attending: 60

A-9. Estimated numbers in each grade attending: K 1 1 2 2 3
4 4 5 5 6 5 7 5 8 5 9 5 10 20 11 18 12 17

A-10. Approximate number of chaperones supervising: 18

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.**

Nick Hart

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

Charter Bus & School Bus

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

Fundraisers

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

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 X. If Yes answer the following.

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GROUP(S) ATTENDING _____

SPONSOR _____

B. PRINCIPAL SECTION:

B-1. Date form received: 8 6 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. 8/6/25
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:

