

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

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

A-1. Sponsor(s) Kyle DeBord (Boys Tennis Coaches)

A-2. Group(s) attending: Boys Tennis

A-3. Date you filed this application: 8 4 2025

A-4. Date of departure: 9 5 2025 Date of return: 9 6 2025

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

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

IHSRA competition

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

Silver Creek HS.

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

Competition

A-8. Approximate total of students attending: 12

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

A-10. Approximate number of chaperones supervising: 2

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.**

Kyle DeBord

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

Mini Bus

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

Fundraisers

A-14. Estimate or range the total cost of the trip \$ 600

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 X. If Yes answer the following.

Approximate or range of cost to the student \$

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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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_