

FFA State Convention

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) R. Ritter
- A-2. Group(s) attending: FFA
- A-3. Date you filed this application: 5-8-2012
- A-4. Date of departure: 6-18-2012 Date of return: 6-20-2012
- A-5. Total number of school days to be absent: 0
- A-6. What is the educational purpose of this trip?
To attend sessions and compete in state parli
contest.

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

Delegates are elected, parli team qualified for state.

- A-8. Approximate total of students attending: 14
- A-9. Estimated numbers in each grade attending: K 1 1 2 2 3
4 4 5 5 6 6 7 7 8 8 9 8 10 3 11 3 12 2

- 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.**

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 All

- A-14. Estimate or range the total cost of the trip \$ 1,600
Estimate or range the total cost to each student \$ 20
Estimate or range the total cost to each chaperone \$ 20

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 \$

Approximate or range of cost to the chaperone \$

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- 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 FFA SPONSOR Mr. Ritter

B. PRINCIPAL SECTION:

B-1. Date form received: _____

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. SS Reid
Approved by: Name and Date

Denied by: Name and date

B-6. Comments:

C. SUPERINTENDENT SECTION:

C-1. Date form received: 5 10 12

C-2. Stacey H. Hays
Approved by: Name and Date

Denied by: Name and Date

C-3. Comments:

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GROUP(S) ATTENDING _____

SPONSOR _____

A. AFTER RETURNING FROM YOUR TRIP SPONSOR FILLS OUT THIS SECTION:

A-21. Explain any problems with sickness, injuries, or discipline during this trip.

A-22. Explain any vandalism or theft of school property during this trip.

A-23. Recommendation of this trip or needed changes to this form (other info):

Sponsor's signature: _____

Date returned from trip: _____

Date of filing this page #4: _____

Principal's signature _____ Date _____

Superintendent's signature _____ Date _____

REMINDER: Fax copies of this page #4 back to the principal and sponsor.

State FFA Convention Itinerary

June 18-20, 2012

Monday, June 18

7:00 am	depart from high school
11:00	State parli contest
7:00	Kickoff session

Tuesday, June 19

8:00	tour Prophetstown State Park
10:45	Delegate Luncheon/Non Delegate Lunch on campus
10:30	Trade Show
1:45	section/district officer elections
5:00	dinner
7:00	third session
9:00	Dance

Wednesday, June 20

8:30	Fourth Session
1:00	Fifth session
3:00 pm	depart for home