

SOUTH GIBSON SCHOOL CORPORATION

OVERNIGHT TRIP APPLICATION FORM

A. SPONSOR(S) SECTION (Use "NA" for questions not applicable)A-1. Sponsor(s) Jessie May, Sarah and John SpindlerA-2. Group(s) attending: livestock judgingA-3. Date you filed this application: 4-9-2026A-4. Date of departure: 05-1-2026 Date of return: 05-02-2026A-5. Total number of school days to be absent: 0

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

livestock State Contest

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

Boone Co. FairgroundsA-7. WHY is this trip necessary? Awarded; Selected; Invited; Competition; Other; And explain?A-8. Approximate total of students attending: 8A-9. Estimated numbers in each grade attending: K 1 1 2 2 3
4 4 5 2 6 1 7 1 8 1 9 1 10 2 11 1 12 1A-10. Approximate number of chaperones supervising: 2A-11. Name of person(s) having Single Point Accountability (SPA) for all the "Consent for Medical Treatment Forms" of students, sponsors, and chaperones. ~~Student~~~~duplicate set of medical forms must be delivered to the Central Office at or before departure~~Sarah Spindler

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


mini busA-13. Which particular funds (accounts) and fundraisers are being used to fund this trip? Fund name ISAFundraisers _____A-14. Estimate or range the total cost of the trip \$ 1200-2000Estimate 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 X or No X. If Yes answer the following.

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B. PRINCIPAL SECTION:

- B-1.** Date form received: 4 10 26
- 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.  4-10-26
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:

