

APPROVAL FORM --- Curricular, Extra Curricular or Field Trip

NOTE:

- This form is to be completed in full by the supervisor and submitted to the Principal for approval.
- Trips that require Superintendent or Board approval must be submitted to the Superintendent in sufficient time for approval.

TO BE COMPLETED BY SCHOOL:

TYPE OF TRIP: curricular extra-curricular

School:	Sponsor Teacher:
Grade/Team/Group:	Destination:
Purpose of Trip:	
Departure Date:	Departure Time from School:
Return Date:	Pick up Time from Destination:
Accommodation:	Requested Return Time to School:

Supervisors	School: 1. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Criminal Record Check:
	2. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
Supervisors	Other: 1. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Criminal Record Check:
	2. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
Ratios: K / Primary: 1:6 Intermediate: 1:8 Secondary: 1:12 Outdoor Leadership Activities: 1:10	
Transportation	<input type="checkbox"/> School Bus <input type="checkbox"/> Charter Bus <input type="checkbox"/> Private Car <input type="checkbox"/> Other _____ Number of students: _____ Number of Adults: _____ Total Participants: _____
Parental Consent	<ul style="list-style-type: none"> • The designated teacher/supervisor is required to distribute, collect and file all parental consent forms. • A signed parental consent form is required before a student will be permitted to go on a trip. • Parental consent forms have been distributed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process • Parental permission has been received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process
Costs	Admission / Transportation Costs: _____ How are these costs covered? (i.e. Student funded, school-raised funds, etc.) _____

Approval, Principal _____ Date _____ Approval, Board Office _____ Date _____

_____ Date _____
Schedule Confirmed, Transp. Superv.

TO BE COMPLETED BY TRANSPORTATION DEPARTMENT:

Driver:	Passengers (Total No.)		
DISTANCE:	Start:	Finish:	TOTAL KILOMETRES
TIME:	Start:	Finish:	TOTAL TIME

Spare Driver:		Account Number:		
COSTS:	Driver:	Kilometres:	Meals:	TOTAL:
				Trip No.