

# FIELD TRIP APPROVAL FORM (Curricular/Co-Curricular/ Extra-Curricular Activities)

**NOTE:**

- This form is to be completed in full by the teacher/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:**

School:	Teacher Sponsor:
Grade/Team/Group:	Destination:
Purpose of Trip:	
Departure Date:	Departure Time from School:
Return Date:	Pick up Time from Destination:
Travel itinerary must be attached	Requested Return Time to School:

<b>Supervisors</b>	School: 1. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Criminal Record Check: 2. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
	Other: 1. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Criminal Record Check: 2. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Ratios:</b> Adult supervisors to students as per YouthSafe Outdoors Guidelines	
<b>Transportation</b>	<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: _____
<b>Parental Consent</b>	<ul style="list-style-type: none"> <li>• The designated teacher/supervisor is required to distribute, collect and file all parental consent forms.</li> <li>• A signed parental consent form is required before a student will be permitted to go on a trip.</li> <li>• Parental consent forms have been distributed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process</li> <li>• Parental permission has been received: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process</li> </ul>
<b>Costs</b>	Admission / Transportation Costs: _____ How are these costs covered? (i.e. Student funded, school-raised funds, etc.) _____

Approval, Principal \_\_\_\_\_ Date \_\_\_\_\_ Approval, Board Office \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Schedule Confirmed, Transp. Superv. \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY TRANSPORTATION DEPARTMENT:**

Driver:		Passengers (Total No.)	
<b>DISTANCE:</b>	Start:	Finish:	TOTAL KILOMETRES
<b>TIME:</b>	Start:	Finish:	TOTAL TIME

Spare Driver:		Account Number:	
<b>COSTS:</b>	Driver:	Kilometres:	Meals:
			<b>TOTAL:</b>
			Trip No.