

Educational Excursion Request Form

Teacher in Charge of Field Trip: _____ Today's Date: _____

Grade/Class: _____ Destination: _____

Date(s) and Time(s) of Departure from School(s): _____

Date(s) and Time(s) of Return to School(s): _____

Excursion itinerary and activities: _____

Curricular relevance of the excursion: _____

Arrangements for assignments and classes missed by participants: _____

Arrangements for non-participating students: _____

Arrangements and/or requirements for in-school supervisory duties of excursion staff: _____

Consideration for Students with Special Needs (Program modifications, additional supervision, accessibility issues and transportation issues.): _____

Requirements for Students e.g. lunch, sunscreen, notebooks: _____

Participants:

Total number of students involved: _____

Are any students excluded? Yes No

Supervision:

	NAME	QUALIFICATIONS (IF REQUIRED)
Teacher in Charge*		
Staff Supervisors		
Volunteer Supervisors		
Other		

*NOTE: Occasional teacher must have knowledge of students.

Insurance:

Additional insurance for participants and staff if this excursion involves travel out-of-province or out of Canada: Yes No

Travel Arrangements: (as per Expectation: 2.28 & 2.30)

School Bus Public Transit Commercial Vehicle Private Vehicle (adult driver)* Other

**If a volunteer driver and/or private vehicles are used driver approval by the principal is required prior to the excursion.*

Travel or Charter Agency: (if applicable) _____ Registration # (if applicable) _____

Accommodations: (if applicable)

Hotel / Hostel, etc.	Date	Phone Number	Fax Number

Excursion Costs: (make note of HST where applicable)

Attachments:

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Proposed Itinerary | <input type="checkbox"/> Additional Curriculum Expectations and Follow-up Activities |
| <input type="checkbox"/> Letters/Consents to Parent(s)/Guardian(s) | <input type="checkbox"/> Proof of Insurance for High Risk Activities |
| <input type="checkbox"/> Date(s) of Parent Information Sessions | <input type="checkbox"/> Safety Certificates of Supervisors (where applicable) |

The Teacher in Charge will have the following information on date of Excursion:

- | | |
|--------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Student Excursion Report (Trillium) | <input type="checkbox"/> Principal's Telephone Number |
| <input type="checkbox"/> Cell Phone/ Walkie Talkie | <input type="checkbox"/> Emergency Procedure Checklist (Appendix 7) |
| <input type="checkbox"/> First Aid Kit | |

Teacher in Charge Name: _____ Signature: _____

Principal Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

** For office use only			
Distribution after final approval: Teacher in Charge <input type="checkbox"/>	Principal <input type="checkbox"/>	Superintendent <input type="checkbox"/>	Secretary <input type="checkbox"/>