

APPENDIX C

Application form for Out of Province Student trip (s) and other Overnight Trip the Principal feels may be of concern

School:

Principal:

Place(s) to be visited: C

Date of Departure:

Date of Return:

Reason for Trip:

Administrator/Teacher(s) in Charge:

Number of Students:

Grade Level(s):

Name of Chaperones: Please indicate whether Parent (P), Teacher (T), or Community Representative (C)

- | | |
|----|---------------|
| 1. | (P), (T), (C) |
| 2. | (P), (T), (C) |
| 3. | (P), (T), (C) |
| 4. | (P), (T), (C) |
| 5. | (P), (T), (C) |

Will there be a request for one (or more) substitute(s)?

If yes, please indicate payment plan:

APPROVALS:

School Principal

Date

Director of Programs & Student Services (or designate)

Date

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TRIP OBJECTIVES:

ITINERARY

Description and Purpose:

List of Expected Expenditures (itemized)

.

List of Revenue (itemized)

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STUDENT TRIPS – PRINCIPAL’S CHECKLIST

Name of School:

Destination of Trip:

Length of Trip (including actual dates:

Number of Students Going:

Grade Level (s):

List of Chaperones:

Supervising Teacher(s):

Will signed consent forms be on file at the school? ☐

Will names, addresses and phone numbers of all participating students be on file at the school? ☐

Will the supervising teacher have with him/her on the trip, the addresses and phone numbers of all parents of students traveling with him/her? ☐

Will the school have a contact phone number, e-mail address to reach the supervisory teacher? ☐

Mode of travel: .

Date of Departure:

Date of return:

Additional comments:

Signature of Principal: _____ Date: _____

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GROUP PARTICIPANTS (attach additional pages as necessary)

Student's Name:

DOB:

Telephone:

Parent's name(s):

Address:

Student's Name:

DOB:

Telephone:

Parent's name(s):

Address:

Student's Name:

DOB:

Telephone:

Parent's name(s):

Address:

Student's Name:

DOB:

Telephone:

Parent's name(s):

Address:

Student's Name:

DOB:

Telephone:

Parent's name(s): C

Address:

Student's Name:

DOB:

Telephone:

Parent's name(s):

Address:

Student's Name:

DOB:

Telephone:

Parent's name(s):

Address: