

## EXCURSION APPROVAL

**Note: The process for completing this form should involve ongoing consultation with the Principal.**

School: \_\_\_\_\_ Date of Excursion: \_\_\_\_\_

Type of Excursion:      Same Day Ontario/Quebec      Athletics      Extended / Overnight      High-Care Activity

Destination & Purpose: \_\_\_\_\_

Teacher-Supervisors: \_\_\_\_\_ Volunteers: \_\_\_\_\_

Excursion Date & Time: \_\_\_\_\_ to \_\_\_\_\_

Overnight Accommodation:      Yes      No      If yes, specify: \_\_\_\_\_

Students Involved:    Grade: \_\_\_\_\_ # Girls: \_\_\_\_\_ # Boys: \_\_\_\_\_ Supervision Ratio: \_\_\_\_\_  
(refer to: Excursion Chart Overview)

Subject Areas: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_  
(Bus Company, Volunteer Driver Names, Travel Agency)

**Attached** - Parent Information and Consent to Participate Forms, including detailed elements of risk.  
(to be filed in the office for 1 calendar year)

**Including:**      Complete Itinerary      Learning Expectations      First Aid Qualifications      Financial Summary Form 230-8  
(if applicable)      (within two weeks of excursion)

As the teacher/supervisor I have complied with the Code of Practices for Out-of-School Learning as it pertains to this excursion.

\_\_\_\_\_  
 Teacher/Supervisor's Signature      Date

This activity is consistent with School Program and Department Program Planning.

\_\_\_\_\_  
 Department Head's Signature      Date

This Out-of-School learning activity has final approval and complies with the Out-of-School Learning Procedure.

\_\_\_\_\_  
 Principal's Signature      Date

\_\_\_\_\_  
 Superintendent's Signature      Date

**Superintendent's signature is only required if the excursion is Extended/Overnight or Designated High-Care.**

\_\_\_\_\_  
 Director's Signature      Date

**Director's signature is only required if the excursion is to Quebec.**