



Huron-Superior Catholic

DISTRICT SCHOOL BOARD

FIELD TRIPS – FORM A

APPLICATION FOR APPROVAL BY SCHOOL SUPERINTENDENT

COMPETITIVE EXTRACURRICULAR FIELD TRIP

SCHOOL: _____

NAME OF STAFF CHAPERONE: _____

NAME OF COACH: _____

TEAM: _____

requests authorization to take his/her team to _____
(place or area)

Date of Departure: _____

Date of Return: _____

Number of Students: _____ Number of Staff: _____ Number of Adults: _____
(At least 1 required)

Note: Both male and female chaperones should accompany overnight trips with mixed student groups.

Means of Transportation: _____
(Under no circumstances are students to drive other students.)

Special provisions to provide for Universal Access: YES NO NOT REQUIRED

Note: The Principal confirms that all "Volunteers" have had a Criminal Reference Check and that all students have out of province/country medical insurance for travel outside the province/country. The principal also confirms that all staff/chaperones are aware of Policy 5003 Field Trips and its accompanying Procedural Guidelines.

(Signature of Principal)

(Date)

AUTHORIZATION

This Sports Tournament/Competition is approved.

(Signature of School Superintendent)

(Date)

Distribution: The Principal will sign the form and send it to the School Superintendent.
 Once approved, a copy will be sent to the School Principal.