

FIELD TRIPS - FORM B

APPLICATION FOR BOARD OF TRUSTEES APPROVAL EXTENDED FIELD TRIP

SCHOOL:				
NAME OF TEA	ACHER		GRADE	
requests autho	prization to take his/h	er class to(place or a	2020	
Purpose of Fie	ld Trip:	u u		
Date of Depart	ure:			
Date of Return	::			
Number of Stu	dents:	Number of Staff: (at least 1 required)	Number of Adults:	
Note: Both ma	ale and female chape	erones should accompany ove	rnight trips with mixed student groups.	
Means of Tran (Under no circ	sportation: umstances are stude	nts to drive other students.)		
	The itinerary must ou	ed itinerary must be provided w tline the educational value of th ario Catholic School Graduate E	e field trip and list the curriculum	
Special provisi	ions to provide for Ur	niversal Access:		
<u>Screenir</u>	ng and that all studer	nts have out of province/counti	iminal Records Check and a <u>Vulnerable Sort</u> y medical insurance for travel outside the rones are aware of Policy 5003 Field Trips Guidelines.	
(Signatu	re of Principal)		(Date)	
AUTHORIZ/	ATION	This Extended Field trip is a	approved.	
(Signature of Director of Education)		(Date)		
Distribution:	Principal to submit Education.	to Superintendent for pre-app	roval, who will then bring to the Director of copy will be sent to the Principal for his	

Revised: February 2025