

APPLICATION FOR SCHOOL TRAVEL OUT-OF-PROVINCE

Travel to: _____

Dates of Travel: _____

Teacher Making Application: _____
Phone _____ Cell _____

Description of Trip

Brief Description of Trip:

Detailed itinerary:

Places to be visited, including dates:

Modes of travel:

List of accommodation being used, including dates:

Safety issues identified:

Persons or agencies accepting primary responsibility for organizing and coordinating the activity with contact information:

Educational Objectives:

General Purpose:

Pre Travel Activities Planned:

Anticipated Highlights of Trip:

Post Travel Activities:

Description of How the Trip will Complement the Regular school Program:

How will you ensure that students will suffer no serious loss in basic educational program?

Detail consultations with other staff who may be affected. Have they consented?

Costs

Anticipated cost per student:

Travel _____
Lodging: _____
Meals: _____
Entrance Fees: _____
Misc: _____
Other: (provide details) _____

Description of how costs will be covered:

Personnel

Teacher supervisor/organizer:

Name:
Address:
Phone: work _____ home; _____ cell: _____
Email:
Emergency Contact: Name: _____
Phone: _____ Cell _____

Other supervisors:

Name:
Address:
Phone: work _____ home; _____ cell: _____

Email:
Emergency Contact: Name: _____
Phone: _____ Cell _____
Relationship to division: _____
Qualifications or qualities as leader: _____

Criminal record check on file _____

Name:
Address:
Phone: work _____ home; _____ cell: _____
Email:
Emergency Contact: Name: _____
Phone: _____ Cell _____
Relationship to division: _____
Qualifications or qualities as leader: _____

Criminal record check on file _____

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Students:

Describe students eligible to participate (grade, age etc.)

Anticipated number of students participating : _____

Signature of Applicant

Date of Application

