



Administrative Procedure Form 262-1

STUDENT TRAVEL REQUEST FORM

Today's Date: _____

Request is for: _____ Approval in principle only: ☐ Final Approval: _____

School: _____ Student Grade(s) _____

Teacher(s): _____ # Sub Teacher Days: _____

Destination: _____ # of Students _____

Return Trip (km): _____ Leaving Date: _____ Returning Date: _____
Time: _____ Time: _____

Mode of Transportation: _____

A: Type of Travel

- ___ In Division during school hours (Principal signature required)
- ___ In Division after school hours (Principal signature required)
- ___ Out of Division (Principal, Superintendent, Director signatures required)
- ___ Out of Province (Principal, Superintendent, Director signatures required)
- ___ High Risk (Principal, Superintendent, Director signatures required)
- ___ Other

B. Extra Curricular (attached schedule)

- ___ Sport/Activity
- ___ Schedule attached

Principal's Signature: _____

C. Education (Trip Details required – see below)

Itinerary: (list or attach schedule if available)

Learning Outcomes: (list or provide student package if available)

Supervision provided by:

(Approx. 1 adult per 10 students; a lower pupil/adult ratio (teacher excluded) for overnight trips).

Trip Financing: Contribution by Board, student, other? Please identify.

Safety Provisions: Including details for 6.6 if applicable:

Emergency Transportation/Evacuation Arrangements:

Other:

APPROVAL GRANTED – within all requirements of AP 262 other than as noted below:

Principal's Comments:

Principal's Signature

Date

Superintendent's Signature

Date

Director's Signature

Date

