



STUDENT TRAVEL REQUEST FORM

Today's Date:	_____		
Request is for:	Approval in principle only: <input type="checkbox"/>	Final Approval: <input type="checkbox"/>	
School:	_____	Student Grades (s)	_____
Teachers:	_____	# Sub Teacher Days:	_____
Destination:	_____	# of Students	_____
Return Trip:	_____	Leaving:	_____
	(kms)	(Date/day/time)	Returning: _____
			(Date/day/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:

School Community Council Advised _____ Date: _____
Chair signature

Other:

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

Principal's Comments:

Principal's Signature _____ Date _____

Supt's Signature _____ Date _____

Director's Signature _____ Date _____

