**STUDENT TRAVEL REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s Date: |  |  |  |
| Request is for: | Approval in principle only:  | Final Approval:  |
| School: |  | Student Grades (s) |  |  |
| Teachers: |  | # Sub Teacher Days: |  |  |
| Destination: |  | # of Students |  |  |
| Return Trip: |  |  Leaving:  |  |  Returning:  |  |  |
|   | (kms) |  | (Date/day/time) |  | (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 |  |