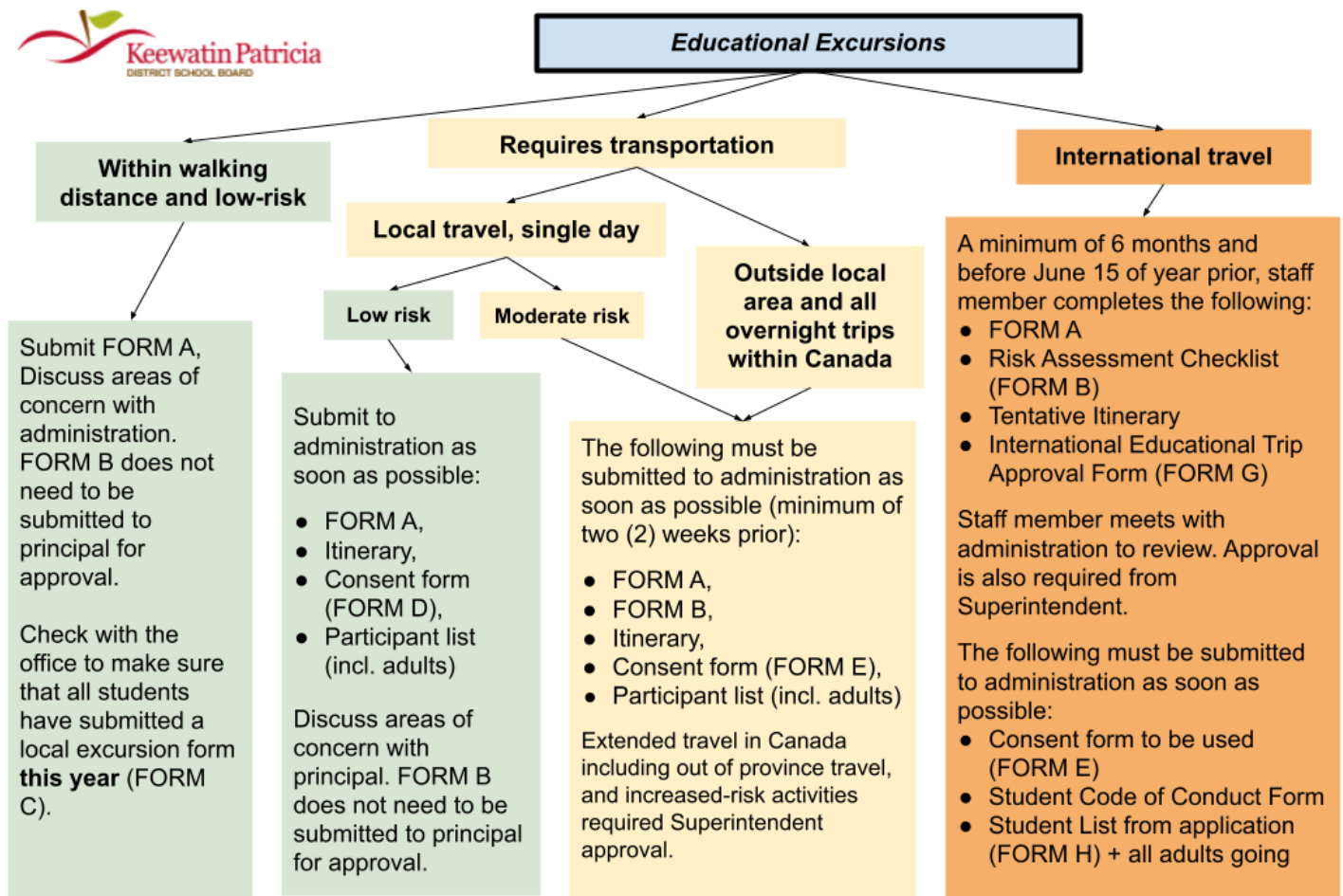


EDUCATIONAL EXCURSION FORMS

- This framework has been designed to ensure essential risks have been considered in the educational excursion and athletics planning process.
- For all educational excursions, teachers will complete FORM A and the other required elements from this package (depending on the type of excursion) and present it to the Principal for review and discussion.
- For any areas of concern where the Principal is uncomfortable with the risk level proposed, the Principal will contact their Superintendent of Education for guidance.



All individuals taking students on trips outside of the classroom **MUST** read Policy and Procedure 401 including the cross-reference procedures indicated in the document.

EDUCATIONAL EXCURSION INFORMATION AND APPROVAL

School Name: _____ **Teacher In Charge:** _____

Destination: _____ **Itinerary Included:** yes

Number of Students: _____ **Number of Supervisors:** _____ **Grade/Attendees:** _____

Will this excursion occur with any other KPDSB school at the same time? yes no	If so, list which school(s) and the main organizer.	
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Type of Educational Excursion				
<input type="checkbox"/> Within walking distance, low risk	<input type="checkbox"/> Requires local transportation, low risk	<input type="checkbox"/> Requires local transportation, moderate risk	<input type="checkbox"/> Overnight within Canada	<input type="checkbox"/> International travel
<input type="checkbox"/> Consent Form C	<input type="checkbox"/> Consent Form D	<input type="checkbox"/> Consent Form E <input type="checkbox"/> Form B - Risk Assessment Checklist		

EXCURSION DETAILS (International Travel to Complete Form G instead of this section)	
Purpose of Trip	
Departure Date/Time	
Return Date/Time	
Coverage (including supervision) required at school - <i>outline specific coverage needed</i>	
Transportation details	
Accommodation details	
Specific safety requirements to be considered	
Outline funds required and source (Form F may be used)	

Teacher	Principal	Superintendent
I am forwarding this excursion for approval after having considered all elements listed on Procedure 401 including the risk assessment checklist, if applicable. Signature: _____ Date: _____	I have reviewed this excursion and it meets the requirements as stated in Policy 401, Procedure 401, and the risk assessment checklist that follows. Signature: _____ Date: _____	I have reviewed this extended travel/out-of-province/country and/or increased risk activity. <input type="checkbox"/> Approved <input type="checkbox"/> Not approved Signature: _____ Date: _____

FORM B

RISK ASSESSMENT CHECKLIST (This form must accompany FORM A for specific trip information.)

SECTION 1: TRANSPORTATION	N/A	TEACHER AGREED	PRINCIPAL AGREED
1.1 Mode of transportation to be used: (check all applicable, review transportation considerations in Procedure 401) <input type="checkbox"/> Walking <input type="checkbox"/> Passenger van <input type="checkbox"/> Aircraft <input type="checkbox"/> School buses/taxis (pre-approved carrier) <input type="checkbox"/> Accessible transportation <input type="checkbox"/> Rail, shuttle train, monorail, subway <input type="checkbox"/> Caregiver volunteer driver <input type="checkbox"/> Watercraft <input type="checkbox"/> Other: <input type="checkbox"/> School vehicle <input type="checkbox"/> Staff member's personal vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Distance required to travel to destination: (check applicable) <input type="checkbox"/> Within city of students' home school <input type="checkbox"/> Within Canada <input type="checkbox"/> Within 100 km from school site <input type="checkbox"/> Outside of Canada <input type="checkbox"/> Within Ontario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 For all modes of transport other than walking, the following will be completed: <input type="checkbox"/> A master listing of students on each carrier/vehicle <input type="checkbox"/> Duplicate lists are kept in the school office <input type="checkbox"/> Students are not permitted to travel via carrier/vehicle other than those to which they were assigned unless there is an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4 If a vehicle used for transport is being rented: <input type="checkbox"/> It will be driven exclusively by KPDSB employees <input type="checkbox"/> Full insurance coverage (public liability, collision, and comprehensive) will be purchased through the rental agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5 If transportation is being provided through a tour company, the tour company has been advised of the need to comply with Procedure 401, School-Student Activities Outside the Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Expected travel conditions considerations: <input type="checkbox"/> Highway Construction/Detours <input type="checkbox"/> Traffic/density hazards <input type="checkbox"/> Potential for road hazards or air travel delays (i.e., snowstorm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7 Volunteer Driver considerations: <input type="checkbox"/> Signoff on KPDSB Policy 307, Use of Privately-Owned Vehicles by Parents/Guardians, Volunteers, and/or Staff to Transport Students <input type="checkbox"/> Aware of and agree to follow Procedure 401, School-Student Activities Outside the Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8 Student drivers are used in exceptional cases only, and following a suitability interview with the student and Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Vehicles will be equipped with required safety apparatus, i.e., car seats, bus restraint systems, snow tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10 Student behavioural issues have been considered to reduce driver distraction while in transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11 Access to a private vehicle or alternative transportation has been considered in case of emergency when the excursion is in a rural/remote location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12 For walking excursions, students will walk in configurations formed to control the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.13 Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION 2: ACTIVITY	N/A	TEACHER AGREED	PRINCIPAL AGREED
2.1 The excursion/activity is relevant to curriculum expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 The students will be able to apply the knowledge acquired from the excursion to classroom activities before the end of the school year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 The organizer has provided an itemized breakdown of the cost of the activity (KPDSB FORM D EXTENDED EDUCATIONAL TRIP APPROVAL FORM), including what portions will be subsidized and what amount will be collected from students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 The mode of transportation is the most cost-effective including considerations for student safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Participants will be reasonably protected from the risk of falling from heights and/or other injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Level of risk due to natural elements have been considered: <input type="checkbox"/> Extreme heat/cold/wind <input type="checkbox"/> Tidal conditions, currents, or wave action <input type="checkbox"/> Natural elements – avalanche, mudslides, volcanic activity, flash flood, disease outbreak <input type="checkbox"/> Extreme weather or environmental factors – hurricane, tornado, ice/snowstorm, earthquake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 An emergency response plan is in place including: <input type="checkbox"/> Emergency communications <input type="checkbox"/> Contact information for emergency services at travel destination <input type="checkbox"/> Route to the nearest hospital <input type="checkbox"/> Special medical needs of students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Supervisor(s) have been informed and understand that they are to make no changes to the scheduled itinerary without approval of the Principal or designate, who will be available for the duration of the excursion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9 The excursion/activity is sanctioned by another governing body and their standards are being followed. These include: <input type="checkbox"/> KPDSB Sanctioned Athletics <input type="checkbox"/> OPHEA <input type="checkbox"/> Skills Canada <input type="checkbox"/> OFSAA <input type="checkbox"/> OSBIE School Board/Snow Resort Safety Guidelines <input type="checkbox"/> Transport Canada (watercraft) <input type="checkbox"/> Technical Standards and Safety Authority (TSSA) <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10 For items with higher risk the supervisor has provided a listing of precautions that will be taken to minimize risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11 The activity is planned at a time when it would have minimal disruption to classroom instruction (not more than 2 days).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12 The activity is planned at a time when it does not interfere with days of cultural or religious significance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13 The destination is physically accessible for all students and supervisors attending, including those with differing abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.14 The service provider/destination will provide a refund of deposits or prepaid amounts if the activity is cancelled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.15 The service provider/destination will allow final payment to be based upon only the students attending.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.16 The service provider has not asked the school to sign off on any waivers or contracts that will indemnify or hold harmless third parties (vendors, transportation providers, excursion/activity providers).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.17 Where boating excursions are involved, there are properly fitting life jackets for all adults and students as well as lifesaving equipment, and the vessel complies with Transport Canada as indicated on boat operator's insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.18 Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>THE NEXT 6 ITEMS APPLY TO OVERNIGHT EXCURSIONS</u>			
2.19 A Caregiver information meeting will be held to explain risks and to answer questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.20 Caregiver information meeting will include: <input type="checkbox"/> All planned activities and itinerary <input type="checkbox"/> Supervisors and supervision ratios <input type="checkbox"/> Student behaviour expectations and consequences for non-compliance <input type="checkbox"/> Contingency and emergency information (written) <input type="checkbox"/> Medical insurance coverage and baggage insurance is not provided through KPDSB's insurance coverage <input type="checkbox"/> Information regarding travel insurance through third-party agency (if available) <input type="checkbox"/> KPDSB reserves the right to cancel the trip at any time based on safety concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.21 Safety standards applicable to high-risk activities which will be undertaken outside of province/country meet the OPHEA Safety Guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.22 Cancellation insurance (through the tour provider) has been recommended to caregivers, along with information so caregivers are aware if they are required to opt-in or opt-out of coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.23 A daily itinerary is prepared including all activities and any free time, which will include direct supervision at all times. The itinerary will be provided with this checklist to the Superintendent for out-of-province and out-of-country excursions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.24 A list of all students and supervisors attending will be provided with this checklist to the Superintendent for out-of-province and out-of-country excursions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: STUDENT COMPOSITION	N/A	TEACHER AGREED	PRINCIPAL AGREED
3.1 Consideration has been given to the impact on the learning needs of students as a result of: <input type="checkbox"/> The supervisor/staff assistant(s) being outside of the classroom <input type="checkbox"/> The length of time students will be outside of the classroom (see 2.11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Students have a minimum degree of skill or experience required to undertake this activity, including any pre-requisite training or in-class/on-site preparation, as determined by a qualified coach or certified instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 The activity is suitable for the age range of the students <input type="checkbox"/> Physical size – height/weight <input type="checkbox"/> Maturity level <input type="checkbox"/> Ability to comprehend rules/restrictions and follow safety instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.4 The time required to transport the students to/from the activity is reasonable based on the age/composition of the student group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 A safety plan has been developed for students with an Interaction Plan, Behaviour Plan, and/or Safety Plan, and shared with all supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Special consideration should be given to students presenting with mental health concerns (diagnosed or undiagnosed). Mental Health Safety Plans have developed for students considered high risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Students will not be excluded from the activity as a result of known: <input type="checkbox"/> Medical history, allergies <input type="checkbox"/> Physical limitations, injuries <input type="checkbox"/> Special needs <input type="checkbox"/> Lagging skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Students have adequate notice to obtain any special documentation to participate (i.e., passports, visas, immunization records)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Special accommodations or additional resources will be available for students whose first language is not English, and for students with other communication differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Supervisors will make every effort to ensure that photographs are not taken of students without a signed media consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10 Students, supervisors, and other staff members have been advised NOT to advertise the excursion activities or photographs on social media or any other public forum prior to and during the event for the protection of participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11 Students of legal age and supervisors understand that purchase and/or consumption of alcohol on the excursion is prohibited whether in Ontario or outside of province/country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.12 Arrangements for overnight accommodations will include consideration of the following: <input type="checkbox"/> Student medical conditions/needs <input type="checkbox"/> Student gender self-identification <input type="checkbox"/> Safety of accommodations and surrounding area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.13 Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: SUPERVISION	N/A	TEACHER AGREED	PRINCIPAL AGREED
4.1 The number of supervisors attending the activity meets the minimum supervision ratios as outlined in Procedure 401.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Environmental factors that would impact supervision have been considered. Examples: <input type="checkbox"/> Obstructions in sight lines <input type="checkbox"/> Dispersed groups <input type="checkbox"/> Navigating through large crowds <input type="checkbox"/> Official tours vs. self-guided tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Contingency plans are in place in case of: <input type="checkbox"/> Late arrival/early departure of students <input type="checkbox"/> Supervisor or student injury or illness <input type="checkbox"/> Supervisor or student being detained by authorities <input type="checkbox"/> Travel changes due to weather, traffic, commercial provider scheduling <input type="checkbox"/> Flight risk, student leaving the premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.4 A KPDSB staff member will be in charge of the excursion/activity at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 All volunteers have been properly screened, and have submitted required paperwork, as per Policy 306, Use of Volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6 All volunteers have been advised of their duties and expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 For travel to a rural/remote location where high-risk activity is undertaken, at least one of the supervisors and/or employees of the excursion location holds current First Aid certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8 Supervisors and volunteers have access to first aid supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9 Supervisor will bring a first aid kit on the excursion as provided by the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.10 An alternate supervisor is designated in case the primary supervisor is unavailable on the date of the excursion/activity: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.11 The itinerary ensures there is no unstructured free time where students are not supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.12 Supervisors and/or those controlling the excursion/activity (on-site instructor and KPDSB staff) have the required specialized training and/or certifications as identified by OPHEA Guidelines, Wilderness First Aid, and/or Skills Canada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.13 All supervisors and volunteers are known to the Principal and demonstrate the following characteristics: <input type="checkbox"/> Maturity <input type="checkbox"/> Rapport with students <input type="checkbox"/> Communicates in common language <input type="checkbox"/> Maintains confidentiality <input type="checkbox"/> Exercises good judgment <input type="checkbox"/> Ability to maintain vigilance and awareness of potential hazards <input type="checkbox"/> Ability to act independently <input type="checkbox"/> Reliable, good attendance <input type="checkbox"/> Ability to refrain from inappropriate actions, i.e., substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.14 All supervisors/volunteers are able to be responsible for the students attending the excursion/activity by: <input type="checkbox"/> Supporting any student in need of assistance <input type="checkbox"/> Acting independently from any family members attending (students or other supervisors) <input type="checkbox"/> Not bringing any dependents under the age of 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.15 The school is able to cover, through the school budget, additional costs incurred for supervision in order to conduct this excursion/activity, i.e., occasional teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.16 If coverage of classes is required, occasional teacher(s) and/or support staff have been arranged to be paid for out of school budget funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.17 Emergency communication devices will be available to KPDSB staff and volunteers, i.e., cell phones, 2-way radio, satellite phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.18 Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONSENT FOR LOCAL SHORT EXCURSIONS

Name of Student: _____

Telephone Number: _____ Grade: _____ Room: _____

School: _____

Outline of Activities:

This consent form applies to short walking excursions in the vicinity of the school. This can include nature walks, skating, visits to other schools or community facilities.

I hereby give consent for my son/daughter to participate in short local excursions as outlined above.

I recognize:

1. KPDSB has policies and procedures in place to govern the conduct of students, staff, and volunteers to ensure the safety of all participants.
2. My child may be involved in activities which may entail inherent risks beyond the normal classroom.
3. KPDSB does not provide any accidental death, disability, dismemberment, or medical expense insurance for students participating in field trips and that it is the caregiver's responsibility to ensure that the student has the appropriate insurance.

I authorize the supervisor to provide my child with medical attention should the need arise.

Date

Signature of Caregiver

Please indicate below if there is any information about your student that we should be aware of and any precautions that should be taken (i.e. allergies, medications, mental health concerns and/or diagnosis, physical limitations, etc.)

FORM D

CONSENT FOR LOCAL DAY TRIPS FOR STUDENTS INVOLVING TRANSPORTATION

Name of Pupil: _____

Telephone Number: _____ Grade: _____ Room: _____

School: _____

Outline of Activities:

I hereby give consent for my son/daughter to participate in the educational trip outlined above.

I recognize:

1. KPDSB has policies and procedures in place to govern the conduct of students, staff, and volunteers to ensure the safety of all participants.
2. My child may be involved in activities which may entail inherent risks beyond the normal classroom.
3. KPDSB does not provide any accidental death, disability, dismemberment, or medical expense insurance for students participating in field trips and that it is the caregiver's responsibility to ensure that the student has the appropriate insurance.
4. Recreational swimming will not be approved unless qualified lifeguards/supervisors are on duty AND PFDs/lifejackets are worn by all students when swimming in open water (i.e. lake, beach, dock, etc.).

I authorize the supervisor to provide the pupil with medical attention should the need arise.

Date

Signature of Caregiver

Please indicate below if there is any information about your student that we should be aware of and any precautions that should be taken (i.e. allergies, medications, mental health concerns and/or diagnosis, physical limitations, etc.)

FORM E

CONSENT FOR EXTENDED EDUCATIONAL TRIPS

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A CAREGIVER OF EACH PARTICIPATING STUDENT.

Trip Name (<i>itinerary attached</i>)	
School Contact	
Dates	

ELEMENTS OF RISK

Educational activity programs outside the school, such as this trip which is being offered, involve certain elements of risk. Accidents may occur while participating in these activities, and these accidents may cause injury. A few examples of the type of injury which may occur while participating are sprains, strains, bruises, bumps, fractures, concussions, and asthma attacks as well as other serious injury, paralysis, or death. These accidents result from the nature of the activity and can occur without any fault on either the part of the students, of the School Board, or its employees or agents, or of the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring.

KPDSB has policies and procedures in place to govern the conduct of students, staff, and volunteers to ensure the safety of all participants. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity. If you choose to participate in this educational trip, you must understand that you will bear the responsibility for any accident that might occur. The Keewatin-Patricia District School Board does not provide any accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

Recreational swimming will not be approved unless qualified lifeguards/supervisors are on duty AND PFDs/lifejackets are worn by all students when swimming in open water (i.e. lake, beach, dock, etc.). For water-related outdoor education experiences, PFDs/lifejackets must always be worn on, in, or near the water.

ACKNOWLEDGEMENT

We have read the above. We understand that in participating in the activity, we are assuming the risks associated with doing so.

Signature of Student: _____ Date: _____

Signature of Caregiver: _____ Date: _____

Please indicate below if there is any information about your student that we should be aware of and any precautions that should be taken (i.e. allergies, medications, mental health concerns or diagnosis, physical limitations, etc.)

PERMISSION

I give _____ permission to participate in this educational trip.

Signature of Caregiver: _____ Date: _____

FORM F

FINANCE DETAILS FOR EDUCATION EXCURSION

Outline of Estimated Expenditures

Travel	
Meals	
Accommodation	
Supply Teacher Costs	
Additional (please specify)	
Total	

Access of Funds

Source of Funds	Amount Requested or Anticipated	Amount Approved or Actual
i) Ontario Young Travelers		
ii) Other Agencies (specify)		
iii) Student Contribution \$ ____ x _____ (# of students)		
iv) Fundraising (specify methods) _____		
v) Other (specify)		
vi) TOTALS		

PRINCIPAL NOTES

Principal Name

Principal Signature

Date

FORM G

EXTENDED EDUCATIONAL TRIP APPROVAL FORM - INTERNATIONAL

School Name: _____ Submission date: _____ Itinerary Attached: _____

Items	Description or Details
Destination	
Purpose/prospectus/rationale for the international trip	
Service provider (include tour ID, tour leader contact information)	
Departure date	
Return date	
Student target group	
Potential numbers of student participants	
Number of school staff/supervising teachers (include names)	
Staff leave required	
Potential number of other supervisors (volunteer chaperones) required	
Modes of transportation used on the trip. Include who will be providing each mode of transportation, and for which portions of the trip	
Types of accommodations used on the trip	
Estimated costs (Include cost per student and other associated costs; FORM F can also be used)	
Outline of Primary and Secondary Fundraising Plans	
Required (if any) medical/immunizations and travel VISAs	

Approvals:

Principal

School Council Chair

Superintendent

Date

Date

Date

KPDSB SECONDARY TRAVEL CLUBS STUDENT APPLICATION FORM

Trip Name: (school complete)
Trip Dates: (school complete)

Student Name

Caregiver Name(s)	
Caregiver Phone	Caregiver Email

Estimated Trip Cost Per Student: (school complete)
Per Student Primary (Group) Fundraising Goal: (school complete)
Do you plan to participate in Secondary Fundraising? <input type="checkbox"/> YES <input type="checkbox"/> NO
Planned Amount for Direct Payment:
Planned Amount for Secondary Fundraising:
Schedule for Direct Payments and Secondary Fundraising Completed: (school complete)

<i>Please initial in the boxes following each of the statements below to acknowledge KPDSB's expectations for the travel club.</i>	Student	Caregiver
I acknowledge that KPDSB requires all travel club participants to purchase insurance that will reimburse them for the maximum amount available should the trip be cancelled.		
I acknowledge the school's expectations leading up to and while on the trip and understand that if they are not met, the student may not be permitted to participate in the travel club or go on the trip.		
I acknowledge all costs, the fundraising plan, and the schedule for direct payments outlined above.		
I acknowledge the required primary (group) fundraising and will participate in the planned events.		
I acknowledge that fundraised dollars belong to the school and not the student.		

Student Signature	Date
Caregiver Signature	Date