

RISK ASSESSMENT CHECKLIST

School Name: _____ Teacher In Charge: _____
 Date of Activity: _____ Destination: _____
 Number of Students: _____ Grade/Attendees: _____
 Number of Supervisors: _____

- This framework has been designed to ensure essential risks have been considered in the educational excursion and athletics planning process.
- Teachers will complete this form and present to the Principal for review and discussion no less than two weeks prior to the event.
- 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.

TRANSPORTATION	N/A	TEACHER AGREED	PRINCIPAL AGREED
1.1 Mode of transportation to be used: (check all applicable) <ul style="list-style-type: none"> • Walking <input type="checkbox"/> • School buses/taxi (pre-approved carrier) <input type="checkbox"/> • Parent volunteer driver <input type="checkbox"/> • Passenger van <input type="checkbox"/> • Accessible transportation <input type="checkbox"/> • Watercraft <input type="checkbox"/> • Aircraft <input type="checkbox"/> • Rail, shuttle train, monorail, subway <input type="checkbox"/> • Other: _____ 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Distance required to travel to destination: (Check applicable) <ul style="list-style-type: none"> • Within city of students' home school <input type="checkbox"/> • Within 100 km from school site <input type="checkbox"/> • Within Ontario <input type="checkbox"/> • Within Canada <input type="checkbox"/> • Outside of Canada <input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 For all modes of transport other than walking, the following will be completed: <ul style="list-style-type: none"> • 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"/>	<input type="checkbox"/>
1.4 If a vehicle used for transport is being rented: <ul style="list-style-type: none"> • It will be driven exclusively by board 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"/>	<input type="checkbox"/>

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TRANSPORTATION	N/A	TEACHER AGREED	PRINCIPAL AGREED
1.5 If transportation is being provided through a tour company, the tour company been advised of the need to comply with the Procedure 401, Educational Trips for Students <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Expected travel conditions considerations: <ul style="list-style-type: none"> • Highway Construction/Detours <input type="checkbox"/> • Traffic/density hazards <input type="checkbox"/> • Potential for road hazards or air travel delays (e.g., snowstorm) <input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7 Volunteer Driver considerations: <ul style="list-style-type: none"> • Signoff on KPDSB Policy 307, Use of Privately-Owned Vehicles by Parents, Volunteers and/or Staff to Transport Students <input type="checkbox"/> • Aware of and agree to follow Procedure 401, Educational Trips for Students <input type="checkbox"/> 	<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 parent/guardian <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Vehicles will be equipped with required safety apparatus; e.g., car seats, bus restraint systems, snow tires <input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
1.13 Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACTIVITY	N/A	TEACHER CONSIDERED	PRINCIPAL REVIEWED
2.1 The excursion/activity is relevant to curriculum expectations <input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

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ACTIVITY	N/A	TEACHER CONSIDERED	PRINCIPAL REVIEWED
2.6 Level of risk due to natural elements have been considered: <ul style="list-style-type: none"> • 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/snow storm, earthquake <input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 An emergency response plan is in place including: <ul style="list-style-type: none"> • Emergency communications <input type="checkbox"/> • Contact information for emergency services at travel destination <input type="checkbox"/> • Route to nearest hospital <input type="checkbox"/> • Special medical needs of students <input type="checkbox"/> 	<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"/>	<input type="checkbox"/>
2.9 The excursion/activity is sanctioned by another governing body and their standards are being followed. These include: <ul style="list-style-type: none"> • KPDSB Sanctioned Athletics <input type="checkbox"/> • OPHEA <input type="checkbox"/> • Skills Canada <input type="checkbox"/> • OFSAA <input type="checkbox"/> • Wilderness First Aid for Outdoor Education Excursions <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: <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10 For items noted on OPHEA’s listing of “High Risk” activities, the supervisor has provided a listing of precautions that will be taken to minimize risk. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>
2.12 The activity 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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

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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"/>	<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"/>	<input type="checkbox"/>
2.18 Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEXT 6 ITEMS APPLY TO OVERNIGHT EXCURSIONS:			
2.19 A parent/guardian information meeting will be held to explain risks and to answer questions. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.20 Parent/guardian information meeting will include: <ul style="list-style-type: none"> • 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 the Board’s insurance coverage <input type="checkbox"/> • Information regarding travel insurance through third-party agency (if available) <input type="checkbox"/> • The Board reserves the right to cancel the trip at any time based on safety concerns <input type="checkbox"/> 	<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"/>	<input type="checkbox"/>
2.22 Cancellation insurance (through the tour provider) has been recommended to parents/guardians, along with information so parents are aware if they are required to opt-in or opt-out of coverage. <input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>

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STUDENT COMPOSITION	N/A	TEACHER CONSIDERED	PRINCIPAL REVIEWED
3.1 Consideration has been given to the impact on the learning needs of students as a result of: <ul style="list-style-type: none"> • 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 above) <input type="checkbox"/> 	<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 instructor <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 The activity is suitable for the age range of the students <ul style="list-style-type: none"> • 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"/>	<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"/>	<input type="checkbox"/>
3.5 A safety plan 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"/>	<input type="checkbox"/>
3.6 Students will not be excluded from the activity as a result of known: <ul style="list-style-type: none"> • 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"/>	<input type="checkbox"/>
3.7 Students have adequate notice to obtain any special documentation to participate; e.g., passports, visas, immunization records <input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
3.12 Arrangements for overnight accommodations will include consideration of the following: <ul style="list-style-type: none"> • 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"/>	<input type="checkbox"/>

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3.13 Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPERVISION	N/A	TEACHER CONSIDERED	PRINCIPAL REVIEWED
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"/>	<input type="checkbox"/>
4.2 Environmental factors that would impact supervision have been considered. Examples: <ul style="list-style-type: none"> • 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"/>	<input type="checkbox"/>
4.3 Contingency plans are in place in case of: <ul style="list-style-type: none"> • 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"/>	<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"/>	<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"/>	<input type="checkbox"/>
4.6 All volunteers have been advised of their duties and expectations. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 For travel to a rural/remote location where a 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"/>	<input type="checkbox"/>
4.8 Supervisors and volunteers have access to first aid supplies. <input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4.10 An alternate supervisor is designated in case the primary supervisor is unavailable on the date of the excursion/activity: <insert alternate name here> <input type="checkbox"/>	<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"/>	<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"/>

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<p>4.13 All supervisors and volunteers are known to the Principal and demonstrate the following characteristics:</p> <ul style="list-style-type: none"> • 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; e.g., no smoking (including electronic cigarettes), substance use <input type="checkbox"/> 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4.14 All supervisors/volunteers are able to be responsible for the students attending the excursion/activity by:</p> <ul style="list-style-type: none"> • 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"/>	<input type="checkbox"/>
<p>4.15 The school is able to cover, through the school budget, additional costs incurred for supervision in order to conduct this excursion/activity; e.g., occasional teachers <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4.16 If coverage of classes is required, occasional teacher(s) and/or support staff has been arranged to be paid for out of school budget funds <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4.17 Emergency communication devices will be available to KPDSB staff and volunteers; e.g., cell phones, 2-way radio, satellite phone <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4.18 Other:</p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Will this excursion occur with any other KPDSB school at the same time? yes no

If so, please list which school(s) and the main organizer.

I am forwarding this excursion for review after having considered all elements listed on the checklist.

Teacher Signature _____

Date _____

Principal Notes (e.g., discussions with teacher supervisor, Superintendent of Education)

I have reviewed this excursion and it meets the requirements as stated in Policy 401 and Procedure 401 and the above checklist.

Principal Signature _____

Date _____

This is an out-of-province/country and/or high-risk activity and has been reviewed by Superintendent of Education.

Approved Not approved

Reasons:

Superintendent Signature _____

Date _____

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. That the Board has policies and procedures in place to govern the conduct of students, staff, and volunteers to ensure the safety of all participants.
2. That my child may be involved in activities which may entail inherent risks beyond the normal classroom.
3. That the Board does not provide any accidental death, disability, dismemberment, or medical expense insurance for students participating in field trips and that it is the parent's responsibility to ensure that the student have the appropriate insurance.
4. For students in grade FDK-8, that recreational swimming will not be approved unless qualified supervisors are on duty.

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

Date

Signature of Parent/Guardian

CONSENT FOR EDUCATIONAL TRIPS FOR STUDENTS

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. That the Board has policies and procedures in place to govern the conduct of students, staff, and volunteers to ensure the safety of all participants.
2. That my child may be involved in activities which may entail inherent risks beyond the normal classroom.
3. That the Board does not provide any accidental death, disability, dismemberment, or medical expense insurance for students participating in field trips and that it is the parent's responsibility to ensure that the student have the appropriate insurance.
4. For students in grade FDK-8, that recreational swimming will not be approved unless qualified supervisors are on duty.

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

Date

Signature of Parent/Guardian

FORM D**CONSENT FOR ALL STUDENT SCHOOL TRIPS**

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT

ELEMENT OF RISK

Educational activity programs outside the school, such as _____, which is/are 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, concussion
- Asthma attacks

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.

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 the _____ on _____ 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.

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 Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the _____ to be held on _____.

Signature of Parent/Guardian: _____ Date: _____

EXTENDED EDUCATIONAL TRIP APPROVAL FORM

School: _____

1. Trip Destination

a) Purpose of Trip: _____

b) Destination: _____

c) Departure Date: _____

d) Return Date: _____

e) Number of Students: _____ Grade(s): _____

f) Number of Supervisors:
1:10* ratio for Grades 4, 5, 6
1:15* ratio for Grades 7, 8, 9, 10, 11, 12

Staff: _____ Other: _____

*If the number of supervisors is different than these recommended ratios, please provide the rationale for change:

2. Types of transportation to be used throughout the trip.

3. Types of accommodation throughout the duration of the trip.

4. Safety Requirements

Specify safety requirements to be considered (use additional page if necessary).

EXTENDED EDUCATIONAL TRIP APPROVAL FORM

5. Estimated Receipts

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

c) Total Expenditures _____

Total Receipts _____

ADDITIONAL PERTINENT DETAILS

Principal Name: _____

Signature of Principal: _____ **Date:** _____

FORM F

FORM F INTERNATIONAL EDUCATIONAL TRIP APPROVAL FORM

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

Items	Description or Details
Purpose/prospectus/rationale for the international trip	
Destination	
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)	
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	
Other means of offsetting costs not directly paid by students or chaperones	
Fundraising amounts and methods. (see fundraising application form)	

Approvals:

Principal

School Council Chair

Superintendent

Date

Date

Date