Northeastern Catholic District School Board Request for Educational Excursion

School:							
Date of Excursion:			Departure Time:		Return Time:		
Type of Excursion: Day Excursion – Wit			thin Local Community		☐ Day Excursion – Out of Local Community		
	□ Ov	ernight			☐ Overnight –	Out of Province	e/Country
Destination:							
Mode of Trans	sportation:	□ bus	□ air	□ rental	□ perso	nal vehicle	□ walking
Cost to Student: Cost			ost to School:		Cost to Board:		
Purpose of Educational Excursion - Please state relationship with school program (s) including preparation and follow-up.							
Total Number	of Students	Involved:	Ma	ales ()	Females () Grade(s):	
Supervisor in Charge:							
Other Supervisors (please list):							
# of Occasiona	uirod:		Number of Days:				
	ii Staii Neqe	ineu.			Number of Da	ays.	
<u>Day</u> Prim	Excursion:	→ 1:8 → 1:10	Supervisi	on Ratio <u>Overnight I</u> Primary Junior	Excursion: →	not recommen 1:8	ded
<u>Day</u> Prim	Excursion: nary/Junior rmediate	→ 1:8	Supervisi	Overnight I Primary	Excursion: → →	not recommen	ded
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