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| **Northeastern Catholic District School Board** |
| **Request for Educational Excursion** |
| School:  |
| Date of Excursion:  | Departure Time:  | Return Time:  |
| Type of Excursion: 🞏 Day Excursion – Within Local Community 🞏 Day Excursion – Out of Local Community 🞏 Overnight 🞏 Overnight – Out of Province/Country |
| Destination:  |
| Mode of Transportation: 🞏 bus 🞏 air 🞏 rental 🞏 personal vehicle 🞏 walking |
| Cost to Student: Cost 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: Males ( ) Females ( ) Grade(s): |
| Supervisor in Charge:  |
| Other Supervisors (please list): |
| # of Occasional Staff Required: Number of Days:  |
| **Supervision Ratio** Day Excursion: Overnight Excursion: Primary/Junior 🡪 1:8 Primary 🡪 not recommended Intermediate 🡪 1:10 Junior 🡪 1:8 Senior 🡪 1:15 Intermediate/Senior 🡪 1:10 |
| 🞏 **I have read and understand the Northeastern Catholic District School Board****Educational Excursions Policy E-19 and Procedures APE003.**Supervisor in Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please submit the Request for Educational Excursion to the Superintendent. |
| Request for Educational Excursion is: GRANTED 🞏 DENIED 🞏Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

December 2016