Northeastern Catholic District School Board

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Request for Educational Excursion: HIGH RISK ACTIVITY

Prior to completing this form the Supervisor in Charge must review Procedure APE019-1

School:

Date of Excursion: Departure Time: Return Time:

Type of Excursion: ☐ High Risk Activity – Within Local Community ☐ High Risk Activity – Out of Local Community

Destination:

Mode of Transportation: ☐ bus ☐ walking ☐ personal vehicle ☐ rental ☐ air

Cost to Student: Cost to School: Cost to Board (approval required):

Description and Purpose of High-Risk Activity:

☐ Curriculum – Experiential Learning ☐ Extracurricular (Non-Athletic) ☐ Athletic/Sports Activity

Total Number of Students Involved: Males Females Grade(s):

Lead Supervisor:
Qualifications/Experience of Lead Supervisor with High-Risk Activity:

Other Supervisors (please list):
Qualifications/Experience of Other Supervisors with High-Risk Activity:

# of Occasional Staff Required: Number of Days:

Supervision Ratio	Primary/Junior	Intermediate	Senior
Day Excursion	1:8	1:15	1:15
Overnight Excursion	not recommended	1:10	1:10

☐ **I understand the activity must adhere to OPHEA guidelines, when applicable.**
☐ **I have read and understand the NCDSB Educational Excursions Procedure (APE019-1).**

Supervisor in Charge: _____ Date: _____

Principal: _____ Date: _____

Please submit the *Request for Educational Excursion* to the Office of the Superintendent

Request for Educational Excursion is: GRANTED ☐ DENIED ☐

Superintendent: _____ Date: _____