APPENDIX B
PRINCIPAL APPROVAL - HIGH RISK

OUT-OF-CLASS/CO-CURRICULAR PROGRAM FORM

All Out-of-Classroom/Co-Curricular Programs in the following categories must be approved by the Principal.

a) over one or more nights
b) air travel
c) water travel (excluding Toronto Island Ferry
d) unconventional land travel
e) travel in holiday periods
f) “high care” activities

This form must be sent to the Principal at least four weeks in advance of the date of departure. Applications are to be submitted to the Transportation Department in duplicate two weeks prior to the date of the trip. One approved copy will be returned to the Principal of the school concerned.

School:_____ Number of Students: _____

Address:_____ Number of Supervisors:_____

Teacher:_____ Grade:_____

Destination Address:_____

Date of Departure from School:_____ Time of Departure: _____

Time Leaving Destination:_____ Time of Arrival Back at School:_____

Before any trip leaves a school, the Principal will ensure that a list including the names of students, teachers and supervisors has been prepared in triplicate. The list must correspond to the loading of the vehicles. Persons assigned to a specific vehicle, when more than one is involved, will travel in this vehicle at all times. On trips of more than one day duration, the list must include home or emergency telephone numbers.

The lists with the licence or bus number will be distributed as follows:

a) Teacher in charge of the vehicle(s)
b) The driver of the vehicle(s)
c) The school office

On class excursions outside of the Province, the required Insurance and Medical coverage should be checked.

SPECIAL INSTRUCTIONS: WHEELCHAIR BUS REQUIRED: YES ☐ NO ☐

NAME OF STUDENTS USING WHEELCHAIRS:

_____

_____

OTHER (Kdgn., Special Ed., Activity Bus):_____

BUSES REQUIRED: YES ☐ NO ☐ NUMBER OF BUSES: _____

_____ _____ _____ _____

Signature – Lead Teacher Date Signature – Teacher Date

_____ _____ _____

Signature of Principal Date Transportation Verification Number

EDUCATIONAL RATIONALE

The supervising teacher shall provide the following:

1. PURPOSE OF TRIP:

2. RELATIONSHIP TO STUDENTS' PROGRAM OR COURSE:

3. PRE-TRIP PREPARATION BY STUDENTS:

4. FOLLOW-UP ACTIVITIES PLANNED:

5. STAFF PREPARATION/QUALIFICATIONS:

THIS OUT-OF-CLASSROOM/CO-CURRICULAR PROGRAM IS:

APPROVED _____ NOT APPROVED _____

_____ _____

Signature – Principal Date

Sample of "Parental Permission for Out-of-Classroom/Co-Curricular Program Form" is to be attached to this form and retained in the school for a period of one year.