

OUT-OF-CLASS/CO-CURRICULAR PROGRAM FORM

This form is to be used only for regular day trips which are not classified as high care activities.

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 _____

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.