

Northeastern Catholic District School Board

Request for Educational Excursion

School:		
Date of Excursion:	Departure Time:	Return Time:
Type of Excursion:	<input type="checkbox"/> Day Excursion – Within Local Community <input type="checkbox"/> Overnight	<input type="checkbox"/> Day Excursion – Out of Local Community <input type="checkbox"/> Overnight – Out of Province/Country
Destination:		
Mode of Transportation:	<input type="checkbox"/> bus <input type="checkbox"/> air <input type="checkbox"/> rental	<input type="checkbox"/> personal vehicle <input type="checkbox"/> 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:

Primary/Junior → 1:8
 Intermediate → 1:10
 Senior → 1:15

Overnight Excursion:

Primary → not recommended
 Junior → 1:8
 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: _____