

Northeastern Catholic District School Board Request for Educational Excursion

Prior to completing this form the Supervisor in Charge must review Procedure APE003

School: _____

Date of Excursion: _____

Departure Time: _____

Return Time: _____

Type of Excursion: Day Excursion – Within Local Community Day Excursion – Out of Local Community
 Overnight – Within Local Community Overnight – Out of Local Community
 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 of Educational Excursion:

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

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

I understand the activity must adhere to OPHEA guidelines, when applicable.

I have read and understand the NCDSB Educational Excursions Procedure (APE003).

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: _____