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| **Northeastern Catholic District School Board** | | |
| **Request for Educational Excursion** | | |
| School: | | |
| Date of Excursion: | Departure Time: | Return Time: |
| Type of Excursion: 🞏 Day Excursion – Within Local Community 🞏 Day Excursion – Out of Local Community  🞏 Overnight 🞏 Overnight – Out of Province/Country | | |
| Destination: | | |
| Mode of Transportation: 🞏 bus 🞏 air 🞏 rental 🞏 personal vehicle 🞏 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: Overnight Excursion:  Primary/Junior 🡪 1:8 Primary 🡪 not recommended  Intermediate 🡪 1:10 Junior 🡪 1:8  Senior 🡪 1:15 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

December 2016