**STUDENT TRAVEL REQUEST FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date: |  | | |  | |  | | | |
| Request is for: | Approval in principle only: | | | Final Approval: | | | | | |
| School: |  | | | Student Grades (s) | |  | |  | |
| Teachers: |  | | | | | # Sub Teacher Days: | |  |  |
| Destination: |  | | | | | # of Students | |  |  |
| Return Trip: |  | Leaving: |  | | Returning: | |  | |  |
|  | (kms) |  | (Date/day/time) | |  | | (Date/day/time) | |  |
| Mode of Transportation: | |  | | | | | | |  |
|  | |  | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **A: Type of Travel** | | |
| \_\_\_ In Division during school hours (Principal signature required)  \_\_\_ In Division after school hours (Principal signature required)  \_\_\_ Out of Division (Principal, Superintendent, Director signatures required)  \_\_\_ Out of Province (Principal, Superintendent, Director signatures required)  \_\_\_ High Risk (Principal, Superintendent, Director signatures required)  \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **B. Extra Curricular (attached schedule)** | | |
| \_\_\_ Sport/Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Schedule attached | | |
| **Principal’s Signature:** |  |  |
|  |  | |

|  |
| --- |
| **C. Education (Trip Details required – see below** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Itinerary: (list or attach schedule if available) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Learning Outcomes: (list or provide student package if available) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Supervision provided by:  (Approx. 1 adult per 10 students; a lower pupil/adult ratio (teacher excluded) for overnight trips). | | | | | | | | | | | | | | | | | | |
|  | | |  |  | | |  | |  | | | | | | | | | |
|  | | |  |  | | |  | |  | | | | | | | | | |
| Trip Financing: Contribution by Board, student, other? Please identify. | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | |  |  | | | | | | | |
|  |  |  | | | | | | | |  |  | | | | | | | |
| Safety Provisions: |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| School Community Council Advised | | | | |  | | | | | | | Date: | | | |  | |
|  |  | Chair signature | | | | | | | | | | |  |  | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Other: |  | | | | | | | | | | | | | | | | | |
|  |  |  | | | |  | | | | | | | | | | |  | |
| **APPROVAL GRANTED** – within all requirements of AP 262 other than as noted below: | | | | | | | | | | | | | | | | | | |
| Principal’s Comments: | | | | | |  | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  |  |  | | | |  | | | | | | | | | | |  | |
| Principal’s Signature |  |  | | | | | | Date | | | | | | |  | | | |
| Supt’s Signature |  |  | | | | | | Date | | | | | | |  | | | |
| Director’s Signature |  |  | | | | | | Date | | | | | | |  | | | |