

Administrative Procedure 733 – Appendix A

STUDENT TRAVEL REQUEST FORM

School: _____

Group Information: Grade: _____ Number of Students: _____
Grade: _____ Number of Students: _____
Grade: _____ Number of Students: _____

Teacher Leader: _____ Substitute Leader: _____

Total Number of Chaperones (including leaders): _____

Destination(s):

Departure Date: _____ Return Date: _____

Number of instructional days involved (maximum of 5): _____

Businesses and funds owed to each if the trip is cancelled (e.g. tour operators, transportation companies, hotels, etc):

Estimated Budget: Attach showing major revenues and expenses _____

Curricular Connections: _____

Pre and Post Travel Educational Activities: _____

Parents/Guardians, students and chaperones have been informed in writing that the trip may be cancelled by the Director or designate at any time prior to or during the trip:

Parent/Guardian Consent Forms on file at school:

Student and Chaperone names on file at the school:

Chaperone names and their relationship to the school(attached):

Expectations/Responsibilities for Chaperones (attached):

Medical needs of students are with the Teacher leader and on file at the school:

Budget showing major revenues and expenses (attached):

Contact number for Teacher and Substitute leader during trip on file with principal(attached):

Approval granted (Superintendent signature required for out-of-province trips):

Principal Date Superintendent Date