

CATEGORY 2 APPROVAL FORM			
<ul> <li>to be used for all out-of-school activities held during the school day except regularly scheduled athletics</li> </ul>			
Teacher/Organizer:		School:	
Grade/Course:			
Destination:		Mode of Transportation:	
Date/Time of Departure from School:		Type of Excursion: Curricular Co-instructional	
Date/Time of Return to School:		Number of Students: boys	: girls:
Number of Adult Supervisors: female: male:		Number of non-employee volunteers:	
Cost to be paid by each student: \$		Are any volunteers driving students:  yes no	
Summary of Proposed Activity:			
Curricular Relevance: (provide the overall expectations addressed)			
Estimated Cost for Entire Group:		Anticipated Sources of Revenue:	
Travel	\$	School Accounts	\$
Cost of Supply Teachers	\$	School Fund-raising	\$
Meals	\$	Student/Parent share	\$
Programs/Materials	\$		•
Other	\$	Other: Teacher contributions, if applicable	\$
Total	\$	Total	\$
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It is understood that this excursion will not proceed without the approval of the Principal and signed parental forms completed.  Checklist of Criteria: (a copy of this form and copies of any applicable documents are to be kept in the school office)			
☐ Itinerary ☐ Police Checks for Volunteers ☐ Contract Information ☐ History of Excursion – no. of years: ☐ Certification required by staff attending: ☐ Educational Objectives stated		□ Information and consent letter to parents □ Liability waivers signed (if applicable) □ Supervision ratio in alignment with A.P. 305 □ List of destination/emergency phone numbers provided	
COMPLIANCE WITH OPHEA GUIDELINES FOR HIGH CARE ACTIVITIES			
Teacher Signature		Date	
Principal Signature		Date	