



CATEGORY 3 APPROVAL FORM

– To be used for all overnight school activities including extracurricular –

Teacher/Organizer:		School:
Adult Supervisors attending:		
Destination:		Mode of Transportation:
Grade/Course:	Cost to be paid by student:	Type of Excursion: <input type="checkbox"/> Curricular <input type="checkbox"/> Co-instructional
Departure Date:		Return Date:
Number of Students: boys: girls:	Number of Adult Supervisors: female: male:	

Summary of Proposed Activity:

Curricular Relevance: (provide the overall expectations addressed)

Estimated Total Costs for Entire Group		Anticipated Sources of Revenue	
Accommodation	\$	School Accounts	\$
Travel	\$	School Fund-raising	\$
Cost of Supply Teachers	\$	Student/Parent share	\$
Meals	\$	Other:	\$
Programs/Materials	\$	Teacher contributions: (if applicable)	\$
Other	\$		
Total	\$	Total	\$

It is understood that this excursion will not proceed without approval from 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)

- | | |
|---|---|
| <input type="checkbox"/> Itinerary (including Mass if on the weekend)
<input type="checkbox"/> Contract Information
<input type="checkbox"/> Additional Medical Coverage needs considered
<input type="checkbox"/> History of Excursion – no. of years: _____
<input type="checkbox"/> Certification required by staff attending: _____ | <input type="checkbox"/> Educational Objectives stated
<input type="checkbox"/> Information and consent letter to parents
<input type="checkbox"/> Liability waivers signed
<input type="checkbox"/> Supervision ratio in alignment with A.P. 305
<input type="checkbox"/> List of destination/emergency phone numbers provided |
|---|---|

COMPLIANCE WITH OPHEA GUIDELINES FOR HIGH CARE ACTIVITIES _____

Teacher Signature

Date

Principal Signature

Date

Superintendent Signature

Date