



## CATEGORY 5 APPROVAL FORM

To be used for travel outside of Canada or travel requiring flights

<b>Teacher/Organizer:</b>	<b>School:</b>
<b>Adult Supervisors Attending:</b>	
<b>Destination:</b>	<b>Mode of Transportation:</b>
<b>Grade/Course:</b>	<b>Date of Submission:</b>
<b>Departure Date:</b>	<b>Return Date:</b>
<b>Number of Students:</b> boys:                  girls:	<b>Number of Adult Supervisors:</b> female:                  male:
<b>Name of Travel Agent:</b>	<b>Type of Excursion:</b> <input type="checkbox"/> Curricular <input type="checkbox"/> Co-instructional
<b>Total cost to be paid by each Student: \$</b>	
<b>Summary of Proposed Activity:</b>	

**Curricular Relevance:** (provide the overall expectations addressed)

Estimated Cost 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	\$	Other: Teacher contributions, if applicable	\$
Other	\$		
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

It is understood that this excursion **will not** proceed without the approval of the Board and signed parental forms completed.

**Checklist of Criteria:** Include all of the applicable information below in the package submitted to the Superintendent

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Itinerary (including <b>Mass</b> if on the weekend)</li> <li><input type="checkbox"/> Contract Information</li> <li><input type="checkbox"/> Additional Medical Coverage needs considered</li> <li><input type="checkbox"/> History of Excursion – number of years: _____</li> <li><input type="checkbox"/> Certification required by staff attending: _____</li> <li><input type="checkbox"/> Educational objectives stated</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Information and consent letter to parents</li> <li><input type="checkbox"/> Liability waivers signed</li> <li><input type="checkbox"/> Supervision ratio in alignment with A.P. 305</li> <li><input type="checkbox"/> List of destination/emergency phone numbers provided</li> <li><input type="checkbox"/> Passports (if required)</li> </ul> |
|---|---|

COMPLIANCE WITH OPHEA GUIDELINES FOR HIGH CARE ACTIVITIES \_\_\_\_\_

\_\_\_\_\_  
**Teacher Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Superintendent Signature**

\_\_\_\_\_  
**Date**