

LSS 4

2018/04

**CATEGORY 4 APPROVAL FORM**

To be used for wilderness trips anywhere in Canada

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| **Teacher/Organizer:** | | **School:** | |
| **Adult Supervisors Attending:** | | | |
| **Destination:** | | **Mode of Transportation:** | |
| **Grade/Course:** | | **Date of Submission:** | |
| **Departure Date:** | | **Return Date:** | |
| **Number of Students:** boys: girls: | | **Number of Adult Supervisors:** female: male: | |
| **Name of Travel Agent:** | | **Type of Excursion:** ⬜ Curricular ⬜ Co-instructional | |
| **Total cost to be paid by each Student: $** | |  | |
| **Summary of Proposed Activity:** | | | |
| **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 | $ |
| **Total** | $ | **Total** | $ |
| 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 | | | |
| * Itinerary (including **Mass** if on the weekend) * Contract Information * Additional Medical Coverage needs considered * History of Excursion – number of years: * Certification required by staff attending: * Educational objectives stated | | * Information and consent letter to parents * Liability waivers signed * Supervision ratio in alignment with A.P. 305 * List of destination/emergency phone numbers provided * Passports (if required) | |
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| COMPLIANCE WITH OPHEA GUIDELINES FOR HIGH CARE ACTIVITIES      **Teacher Signature**  **Principal Signature**  **Superintendent Signature** | | **Date**  **Date**  **Date** | |