

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)** |
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| **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** |