



## CATEGORY 3 APPROVAL FORM

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

<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>Cost to be paid by student:</b>	<b>Type of Excursion:</b> <input type="checkbox"/> Curricular <input type="checkbox"/> Co-instructional	
<b>Departure Date:</b>		<b>Return Date:</b>	
<b>Number of Students:</b>	boys:                  girls:	<b>Number of Adult Supervisors:</b>	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	\$		
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

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

- This excursion complies with the OPHEA Guidelines for the High Care Activities listed below:

<b>Teacher Signature</b>	<b>Date</b>
<b>Principal Signature</b>	<b>Date</b>
<b>Superintendent Signature</b>	<b>Date</b>