

CATEGORY 2 APPROVAL FORM

– to be used for all out-of-school activities held during the school day except regularly scheduled athletics –

Teacher/Organizer:	School:
Grade/Course:	
Destination:	Mode of Transportation:
Date/Time of Departure from School:	Type of Excursion: <input type="checkbox"/> Curricular <input type="checkbox"/> Co-instructional
Date/Time of Return to School:	Number of Students: boys: girls:
Number of Adult Supervisors: female: male:	Number of non-employee volunteers: female: male:
Name and phone numbers of Supervisors:	

Cost to be paid by each student:\$	Are any volunteers driving students: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide the name of volunteer(s):
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Summary of Proposed Activity:

Curricular Relevance: (provide the overall expectations addressed)

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

It is understood that this excursion **will not** proceed without the approval of 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)

- | | |
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| <input type="checkbox"/> Itinerary
<input type="checkbox"/> Police Checks for Volunteers
<input type="checkbox"/> Contract Information
<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 (if applicable)
<input type="checkbox"/> Supervision ratio in alignment with A.P. 305
<input type="checkbox"/> List of destination/emergency phone numbers provided |
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<input type="checkbox"/> This excursion complies with the OPHEA Guidelines for the High Care Activities listed below:	
Teacher Signature	Date
Principal Signature	Date