

CATEGORY 3 APPROVAL FORM

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

Teacher/Organizer:		School:
Adult Supervisors attending (Full names and phone number):		
Destination:		Mode of Transportation:
Grade/Course:	Cost to be paid by student:	Type of Excursion: <input type="checkbox"/> Curricular <input type="checkbox"/> Co-instructional
Departure Date:		Return Date:
Number of Students:	boys: girls:	Number of Adult Supervisors: 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 Fundraising	\$
Cost of Supply Teachers	\$	Student/Parent share	\$
Meals	\$	Other:	\$
Programs/Materials	\$	Teacher contributions: (if applicable)	\$
Other	\$		
Total	\$	Total	\$

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)

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| <ul style="list-style-type: none"> <input type="checkbox"/> Itinerary (including Mass if on the weekend) <input type="checkbox"/> Contract Information <input type="checkbox"/> Additional Medical Coverage needs considered <input type="checkbox"/> History of Excursion – no. of years: . <input type="checkbox"/> Certification required by staff attending: . | <ul style="list-style-type: none"> <input type="checkbox"/> Educational Objectives stated <input type="checkbox"/> Information and consent letter to parents <input type="checkbox"/> Liability waivers signed <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
Superintendent Signature	Date