

CATEGORY 2 APPROVAL FORM

– to be used for all out-of-school activities held during the school day (excluding Secondary School 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 Staff 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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| <ul style="list-style-type: none"> <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 | <ul style="list-style-type: none"> <input type="checkbox"/> Information and consent letter to parents <input type="checkbox"/> Liability waivers signed (if applicable) <input type="checkbox"/> Staff 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:	<input type="checkbox"/> Once approved, any changes to this excursion must be approved by the Principal.
Teacher Signature	Date
Principal Signature	Date