

Northeastern Catholic District School Board

Request for Educational Excursion: REGULAR ACTIVITY

Prior to completing this form the Supervisor in Charge must review Procedure APE019-1

School: _____

Date of Excursion: _____

Departure Time: _____

Return Time: _____

Type of Excursion: Day Excursion – Within Local Community Day Excursion – Out of Local Community
 Overnight – Within Local Community Overnight – Out of Local Community

Destination: _____

Mode of Transportation: bus walking personal vehicle rental air

Cost to Student: _____ Cost to School: _____ Cost to Board(approval required): _____

Description of Educational Excursion:

Curriculum – Experiential Learning Extracurricular (Non Athletic) Athletic/Sports Activity

Total Number of Students Involved: _____ Males _____ Females _____ Grade(s): _____

Supervisor in Charge: _____

Other Supervisors (please list): _____

#of Occasional Staff Required _____ Number of Days: _____

Supervision Ratio	Primary/Junior	Intermediate	Senior
Day Excursion	1:8	1:15	1:15
Overnight Excursion	not recommended	1:10	1:10

- I understand the activity must adhere to OPHEA guidelines, when applicable.
- I have read and understand the NCDSB Educational Excursions Procedure (APE019-1).

Supervisor in Charge: _____ Date: _____

Principal: _____ Date: _____

Please submit the Request for Educational Excursion to the Office of the Superintendent

Request for Educational Excursion is: GRANTED DENIED

Superintendent: _____ Date: _____