

Northeastern Catholic District School Board Request for Educational Excursion: HIGH RISK 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: High Risk Activity – Within Local Community High Risk Activity – 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 and Purpose of High-Risk Activity:

Curriculum – Experiential Learning

Extracurricular (Non-Athletic)

Athletic/Sports Activity

Total Number of Students Involved: _____

Males _____

Females _____

Grade(s): _____

Lead Supervisor: _____

Qualifications/Experience of Lead Supervisor with High-Risk Activity:

Other Supervisors (please list): _____

Qualifications/Experience of Other Supervisors with High-Risk Activity:

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: _____