

Form 260-A

Request for Field Trip



Superintendent's approval for trips that are out of county, overnight, out of district, or with inherent risk is required with three weeks notice.

Please send two copies of this form to area supervisor; one copy will be returned to school upon approval and one copy will be retained by area supervisor.

School: _____

Destination: _____

(Note: If the destination is international, please refer to Section 19.0.0 of Administrative Procedure 260, and complete Forms 260-B and 260-C.)

Identify how this field trip supports specific curriculum expectations:

Departure Place: _____

Date: _____ Time: _____

Return: place: _____

Date: _____ Time: _____

Class / Course / Club: _____

Number of students involved: _____ Overall adult to student ratio: _____

Trip leader - specify teacher: _____

Support staff (ss): _____

Limestone District School Board

Limestone District School Board is situated on traditional territories of the Anishinaabe & Haudenosaunee.

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Volunteer (v): _____

Other supervisors - specify teacher (t), support staff (ss), volunteer (v):

Check that parental consent is required and permission form is attached.

If field trip has inherent risk, name of the adult holder of first aid certificate:

__ For swimming activity, name of adult holder of NLS certificate:

Have reviewed the Ontario Safety Guidelines <http://safety.ophea.net/>

Check that Health Issues have been addressed (student, staff, volunteer)

Indicate TOTAL occasional teacher coverage required for trip: Elem. ____ FTE Sec. ____ FTE

COVERAGE PLAN:

Amount proposed to be funded by the Board: Elem. ____ FTE Sec. ____ FTE

Amount proposed to be funded by the school: Elem. ____ FTE Sec. ____ FTE

Indicate school's method of reimbursement to Board:

Charge our account # _____

(CR: 000-21-000-182-1-100 elem. or -200 sec.)

Cheque to LDSB from non-board funds included or forwarded to supervisor at a later date with a copy of this field trip form enclosed.

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Supervisor's comments or revisions:

Principal's Signature:

Date: _____

Area Supervisor's Signature:

Date: _____

For Board Office Use:

School cheque received and deposited to elementary account # 000-21-000-182-1-100
or secondary account # 000-21-000-182-1-200