

NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
REQUEST FOR CO-INSTRUCTIONAL PARTICIPATION
 (Reference - Educational Field Trips Policy 400.2)

This form applies to all Provincial, National or International co-instructional activity during the school year.

SCHOOL	DATE	REQUESTED BY SUPERVISING TEACHER
CO-INSTRUCTIONAL EVENT		LOCATION
TYPE OF EVENT: <input type="checkbox"/> PROVINCIAL <input type="checkbox"/> NATIONAL <input type="checkbox"/> INTERNATIONAL		PARTICIPATION CRITERIA: <input type="checkbox"/> QUALIFY (provide details) <input type="checkbox"/> INVITED TO ATTEND (attach letter of invitation) <input type="checkbox"/> SEEK AN INVITATION TO ATTEND (attach letter)

CO-INSTRUCTIONAL DETAILS

LOCATION OF CO-INSTRUCTIONAL ACTIVITY	DEPARTURE DATE	DEPARTURE TIME
ADDRESS _____	RETURN DATE	RETURN TIME
	TOTAL DAYS	TOTAL NIGHTS
NUMBER OF STUDENTS	NUMBER OF SCHOOL STAFF	NUMBER OF CHAPERONES
TRANSPORTATION MODE	TRANSPORTATION CARRIER(S) (attach Transportation Request form)	

EXPENDITURES

	COST	EXPLANATION
TRANSPORTATION:	\$ _____	_____
ACCOMMODATION:	\$ _____	_____
BANQUET:	\$ _____	_____
PARTICIPATION FEE:	\$ _____	_____
MEALS (if applicable):	\$ _____	_____
OTHER (specify):	\$ _____	_____
TOTAL COST (A)	\$ _____	
CENTRAL BOARD FUNDS:	\$ _____	in addition to \$ _____ * expenditure for internal staff coverage)
SCHOOL GENERATED FUNDS:	\$ _____	
STUDENT, STAFF OR CHAPERONE COSTS:	\$ _____	
TOTAL COST (B)	\$ _____	

NOTE: TOTAL COST (A) must equal TOTAL COST (B)

NAME OF PRINCIPAL RECOMMENDED SUPERVISING STAFF	INTERNAL COVERAGE ARRANGED	CENTRAL BD EXPEND. INTERNAL COVERAGE (# OF DAYS)
(\$ _____ (cost per staff) x _____ (# of days) x _____ (# of staff) = Board Cost \$ _____ *)		
NOTE: Place the figure (*) on Page 1 to Board Cost where indicated		

PRINCIPAL APPROVED CHAPERONES	

PRINCIPAL COMMENTS <hr/> <hr/> <hr/>

APPROVALS	
NOTE: Principals and Staff must receive written approval from the Superintendent of Program / <i>Innovation</i> prior to confirming any participation or travel arrangements.	
SIGNATURE OF SUPERVISING TEACHER	DATE
SIGNATURE OF PRINCIPAL	DATE
SIGNATURE OF FAMILY OF SCHOOLS SUPERINTENDENT	DATE
SIGNATURE OF SUPERINTENDENT OF PROGRAM & INNOVATION	DATE