

**NIAGARA CATHOLIC DISTRICT SCHOOL BOARD**  
**REQUEST FOR CONTINUING EDUCATION *CREDIT PROGRAM* OVERNIGHT FIELD TRIP, EXTENDED OVERNIGHT FIELD TRIP**

**This form applies to all Continuing Education Credit Program Overnight Field Trips and Extended Overnight Field Trips that involve overnight accommodation.**  
**(Education Field Trip Policy 400.2)**

REQUESTED BY ORGANIZING TEACHER	SCHOOL	DATE
TYPE OF TRIP <input type="checkbox"/> Overnight Field Trip (Up to 3 nights) <input type="checkbox"/> Extended Overnight Field Trip (4 or more nights)		
DESCRIPTION OF THE TRIP <hr/> <hr/> <hr/>		
TARGET GROUP OF STUDENTS (Class/Team/Organization) <hr/> <hr/>		
REQUEST FOR SPECIAL ACCOMMODATIONS <hr/> <hr/> <hr/>		

**TRIP DETAILS**

DESTINATION OF TRIP	DEPARTURE DATE	DEPARTURE TIME
ADDRESS <hr/> <hr/>	RETURN DATE	RETURN TIME
	TOTAL DAYS	TOTAL NIGHTS
NUMBER OF STUDENTS/PARTICIPANTS	NUMBER OF STAFF	NUMBER OF CHAPERONES

**LEARNING OUTCOMES OF TRIP**

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**PRE-TRIP ORGANIZATION, PLANNING, MEETINGS, PREPARATION (Dates)**

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**POST-TRIP FOLLOW UP / EVALUATION OF EDUCATIONAL VALUE**

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<b>COSTS</b>		
TOTAL COST OF TRIP PER PERSON \$ _____	COST INCLUDES: _____ _____	
ADDITIONAL COSTS \$ _____	ADDITIONAL COSTS INCLUDE: _____ _____	
TRANSPORTATION MODE	TRANSPORTATION CARRIER	TRANSPORTATION COST

<b>TRANSPORTATION COSTS (if not using a Tour Company)</b>		
1. Attach three (3) proposals from Transportation Vendors. 2. Identify below the three vendors and quotes. 3. Indicate Principal Approved Vendor.		
Vendor #1 _____	\$	_____
Vendor #2 _____	\$	_____
Vendor #3 _____	\$	_____
Principal Approved Vendor # _____		
If not selecting the lowest price Vendor, please provide a rationale:		
_____		
_____		

<b>ACCOMMODATION / HOTEL COSTS (if not using a Tour Company)</b>		
1. Attach three (3) proposals from Accommodation / Hotel Vendors. 2. Identify below the three vendors and quotes. 3. Indicate Principal Approved Vendor.		
Vendor #1 _____	\$	_____
Vendor #2 _____	\$	_____
Vendor #3 _____	\$	_____
Principal Approved Vendor # _____		
If not selecting the lowest price Vendor, please provide a rationale:		
_____		
_____		

**TOUR OR TRAVEL COMPANY COSTS**

- 1. Attach three (3) proposals from Tour or Travel Company Vendors.
- 2. Identify below the three vendors and quotes.
- 3. Indicate Principal Approved Vendor.

Vendor #1 \_\_\_\_\_ \$ \_\_\_\_\_

Vendor #2 \_\_\_\_\_ \$ \_\_\_\_\_

Vendor #3 \_\_\_\_\_ \$ \_\_\_\_\_

Principal Approved Vendor # \_\_\_\_\_

If not selecting the lowest price Vendor, please provide a rationale:

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**SUBMISSION CHECKLIST**

The following information must be included at the time of submission, unless otherwise deferred by a Superintendent of Education:

- Board Forms completed in full
- Names of all Principal approved staff and volunteers provided
- Airline specific checklist completed (if required)
- Tour Company checklist completed (if required)
- Insurance checklist
- Confirmation of arrangements, if required for students with special accommodations
- Confirmation that students will attend an appropriate liturgy if the trip occurs on a Day of Obligation
- Confirmation that copies of medical emergency information and plans are on the trip and at the School
- Confirmation that prior to departure, students are instructed in appropriate behavior and safety procedures and requirements for a specific trip
- Confirmation that all participating staff/chaperones have reviewed and understand the Board's Education Field Trip Policy 400.2
- Confirmation that all participating staff/chaperones have reviewed and understand the OPHEA Guidelines
- If there will be any swimming, boating or other water based activities on this trip, proof to be provided that a swim test has been performed for each student and confirmation that any student that does not pass the swim test will wear a properly fastened Personal Flotation Device
- Confirmation that high care activities are supervised by certified personnel
- Confirmation that valid operators licences are provided for boating excursions
- Confirmation that parent/guardian permission forms are complete for each participating student
- Principal designated in-charge person
- Confirmed number of supervisors as required by Board Policy 400.2
- Copy of three (3) written proposals which are specific to a trip
- Driver-Authorization to Transport Students forms completed by staff or volunteer drivers, if required by the trip  
Confirmation that staff/volunteer drivers have a minimum of \$1 Million in auto insurance, OPCF #44R and will not exceed six (6) students in a vehicle unless properly licenced.

PRINCIPAL COMMENTS:	
SUPERVISING STAFF NAME	TYPE OF COVERAGE ARRANGED
NAME OF PRINCIPAL APPROVED CHAPERONE/VOLUNTEER	CONFIRMATION OF VULNERABLE SECTOR BACKGROUND CHECK RECEIVED

**APPROVALS**

SIGNATURE OF ORGANIZING TEACHER	DATE
SIGNATURE OF PRINCIPAL OF CONTINUING EDUCATION	DATE
SIGNATURE OF SUPERINTENDENT OF CONTINUING EDUCATION	DATE
SIGNATURE DIRECTOR OF EDUCATION	DATE