

NIAGARA CATHOLIC DISTRICT SCHOOL BOARD
REQUEST FOR OVERNIGHT FIELD TRIP,
EXTENDED OVERNIGHT FIELD TRIP
AND EXCURSION

This form applies to any trip scheduled during the school year, organized and/or supervised by a teaching staff member for students (some or all) from that teacher's school that involve overnight accommodation.
(Education Field Trip Policy 400.2)

REQUESTED BY ORGANIZING TEACHER	SCHOOL	DATE			
TYPE OF TRIP <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">Overnight Field Trip (Up to 3 nights)</td> <td style="text-align: center; width: 33%;">Extended Overnight Field Trip (4 or more nights)</td> <td style="text-align: center; width: 33%;">Excursion</td> </tr> </table>			Overnight Field Trip (Up to 3 nights)	Extended Overnight Field Trip (4 or more nights)	Excursion
Overnight Field Trip (Up to 3 nights)	Extended Overnight Field Trip (4 or more nights)	Excursion			
DESCRIPTION OF THE TRIP					
TARGET GROUP OF STUDENTS (Class/Team/Organization)					
REQUEST FOR SPECIAL ACCOMMODATIONS					

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

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

POST-TRIP FOLLOW UP / EVALUATION OF EDUCATIONAL VALUE

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

TRANSPORTATION COSTS (if not using a Tour Company)	
1. Attach three (3) proposals from Transportation Vendors. 2. Identify below the three vendors and quotes. 3. Indicate Principal Approved Vendor. OFSAA Transportation Requests are to be completed on a separate form.	
Vendor #1 _____	\$ _____
Vendor #2 _____	\$ _____
Vendor #3 _____	\$ _____
Principal Approved Vendor # _____	
If not selecting the lowest price Vendor, please provide a rationale:	

ACCOMMODATION / HOTEL COSTS (if not using a Tour Company)	
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:

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 #44 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	DATE
SIGNATURE OF FAMILY OF SCHOOLS SUPERINTENDENT	DATE
SIGNATURE OF EXTENDED OVERNIGHT FIELD TRIP & EXCURSION SUPERINTENDENT (if required)	DATE