

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

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

SCHOOL	DATE	REQUESTED BY SUPERVISING TEACHER
CO-INSTRUCTIONAL EVENT		LOCATION
TYPE <input type="checkbox"/> SOSSA <input type="checkbox"/> OFSAA <input type="checkbox"/> PROVINCIAL <input type="checkbox"/> STATE <input type="checkbox"/> NATIONAL <input type="checkbox"/> INTERNATIONAL	PARTICIPATION CRITERIA <input type="checkbox"/> QUALIFY <i>(provide details)</i> _____ <input type="checkbox"/> INVITED TO ATTEND <i>(attach letter to form)</i> <input type="checkbox"/> SEEK AN INVITATION TO ATTEND <i>(attach letter to form)</i>	

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) <i>(attach Transportation Request form)</i>	

EXPENDITURES

	COST	EXPLANATION
TRANSPORTATION:	\$ _____	_____
ACCOMMODATION:	\$ _____	_____
BANQUET:	\$ _____	_____
PARTICIPATON FEE:	\$ _____	_____
MEALS <i>(if applicable)</i> :	\$ _____	_____
OTHER <i>(specify)</i> :	\$ _____	_____
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

ATTACHED BOARD FORMS

OFSAA TRANSPORTATION REQUEST FORM
 REQUEST FOR OVERNIGHT FIELD TRIP
 OR
 REQUEST FOR EXTENDED OVERNIGHT FIELD TRIP

APPROVALS

NOTE: *Principals and Staff must receive written approval from the Superintendent of Program / Innovation 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