

**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="width: 33%; text-align: center; padding: 5px;">Overnight Field Trip (Up to 3 nights)</td> <td style="width: 33%; text-align: center; padding: 5px;">Extended Overnight Field Trip (4 or more nights)</td> <td style="width: 33%; text-align: center; padding: 5px;">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:

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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 #44 and will not exceed six (6) students in a vehicle unless properly licenced.

PRINCIPAL COMMENTS:

SUPERVISING STAFF NAME	TYPE OF COVERAGE ARRANGED

**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