

**REQUEST FOR SUPERINTENDENT APPROVAL OF OUT-OF-SCHOOL EVENT**

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(Allow ample time for proper consideration of this request.)

TO: \_\_\_\_\_ FROM: \_\_\_\_\_  
*(Superintendent of Schools)* *(School)* *(Date)*

Destination: \_\_\_\_\_

Dates: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Grade(s): \_\_\_\_\_

**A: Travel Arrangements**

Method of Travel: \_\_\_\_\_ Carrier(s): \_\_\_\_\_

Travel or Charter Agency: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
*(if applicable)*

**\* PLEASE NOTE: IF MODE OF TRANSPORTATION IS BY BOARD BUSETTE AND DESTINATION IS OUTSIDE THE LIMITS OF THE COUNTIES OF PEEL, DUFFERIN, HALTON, SIMCOE, WELLINGTON, YORK AND THE METROPOLITAN TORONTO BOUNDARY, THE APPROVAL OF THE FAMILY OF SCHOOLS' SUPERINTENDENT IS REQUIRED. (GAP 801.00, Part E)**

**B: Accommodation** (if applicable)

Name of Hotel(s), hostel(s), etc: \_\_\_\_\_

Telephone Number of above: \_\_\_\_\_

**C: Supervision:** Excursion Leader: \_\_\_\_\_

Names of all other Supervisors: Female: \_\_\_\_\_

\_\_\_\_\_

Male: \_\_\_\_\_

\_\_\_\_\_

School Contact while trip underway: \_\_\_\_\_

**D: Financial Details:**

Total Cost per Student: \_\_\_\_\_

This amount will be paid by: Student, \$ \_\_\_\_\_ Class Fund-Raising, \$ \_\_\_\_\_

Board Funds, \$ \_\_\_\_\_ per Student

Supervision Costs: Are the Supervisors' costs built in? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Are the Supervisors required to pay part of the cost? Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_

Have the parent(s)/guardian(s)/student been made aware of all of the above financial details? \_\_\_\_\_

Request For Superintendent Approval of Out-Of-School Event

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E. **Element(s) of Risk:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Teacher's Signature*

Approval of Event: \_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*Principal's Signature*

Approval of Event: \_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*Superintendent's Signature*

**\* I HEREBY APPROVE THE USE OF A BOARD BUsETTE FOR THE ABOVE APPROVED OUT-OF-SCHOOL EVENT.**

\_\_\_\_\_  
*Superintendent's Signature*

\_\_\_\_\_  
*Date*

Distribution: Teacher: \_\_\_\_\_ Principal: \_\_\_\_\_ Superintendent: \_\_\_\_\_