

Category A/B:

Proposed In-Province and Out-of-Province Educational Field Trip Request

This form is to be completed by the person responsible for the activity and given to the principal.

- ☐ In Province Curricular Trip
- ☐ In Province Co-Curricular Trip
- ☐ In Province Extra-Curricular Trip

Please check one:

<input type="checkbox"/>	Category A-1: A single trip within the province (or up to 150 km into Manitoba) which occurs within one day. Request must be made 7 days prior to activity unless special circumstances makes such notice impossible (Principal approval required).
<input type="checkbox"/>	Category A-2: A single trip within the province (or up to 150 km into Manitoba) which involves one or more overnight stays. Request must be made 14 days prior to activity unless special circumstances makes such notice impossible (Superintendent approval required).
<input type="checkbox"/>	Category B: Out of province trips (or more than 150 km in Manitoba) involves two or more overnight stays. Request must be made prior to making a fiscal commitment and 14 days in advance of the first proposed trip (Director or designate approval required).

Date of Request:	Date(s) of Travel:
Grade/Group:	Number of Students:
Purpose of Trip:	Destination:
Transportation: <ul style="list-style-type: none"> <input type="checkbox"/> GSSD Bus <input type="checkbox"/> 15 passenger van <input type="checkbox"/> Commercial Carrier (specify) _____ <input type="checkbox"/> Private Vehicles (Refer to AP 552 and Form 552-1) 	
Funding Requirements: <ul style="list-style-type: none"> <input type="checkbox"/> School-Based Budget <input type="checkbox"/> Additional Funding Required (specify) _____ <p>Reminder that Curricular Field Trips must be covered by the school-based budget and fees cannot be charged. Finances must not be a barrier for participation in co-curricular trips. Any trip requiring additional funding must receive Superintendent approval.</p>	

Name(s) of additional supervisor(s) and duties assigned:

Signature of Applicant or supervisor acknowledging they have read AP 261:

Season or multiple overnight trips please complete the following:

Destination		Time (anticipated)	Day	Month	Year
	Departure				
	Return				
	Departure				
	Return				
	Departure				
	Return				
	Departure				
	Return				
	Departure				
	Return				
	Departure				
	Return				
	Departure				
	Return				
	Departure				
	Return				
	Departure				
	Return				
	Departure				
	Return				

Checklist:

Completed	N/A	Please attach the following information	Principal confirmation
<input type="checkbox"/>		Parent/guardian meeting held	<input type="checkbox"/>
<input type="checkbox"/>		Parent/guardians provided with itinerary	<input type="checkbox"/>
<input type="checkbox"/>		List of all students participating	<input type="checkbox"/>
<input type="checkbox"/>		Parent/guardian consent on file	<input type="checkbox"/>
<input type="checkbox"/>		Medical Management Forms from Clevr	<input type="checkbox"/>
<input type="checkbox"/>		Staff coverage has been arranged	<input type="checkbox"/>
<input type="checkbox"/>		At least 85% of eligible students are attending	<input type="checkbox"/>
<input type="checkbox"/>		Itemized budget for total expenses of the trip included	<input type="checkbox"/>
<input type="checkbox"/>		High Risk Activities Identifies and Approved	<input type="checkbox"/>

Approval:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Educational value confirmed
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Third party liability insurance (if transported in private vehicles). If not applicable, click here: <input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acceptable provision to mitigate any safety risks as per AP 261 requirements. If not applicable, click here: <input type="checkbox"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequacy and appropriateness of supervision considering the nature of the field trip, gender of students and supervisors, ability and age of students, appropriateness of named supervisors, and number of supervisors.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Communication to parents and guardians has been confirmed
<input type="checkbox"/> Yes	<input type="checkbox"/> No	All anticipated expenses have been approved
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approval granted

Principal approval required for all Categories

Signature of Principal:

Date:

Superintendent approval required for Category A-2

Signature of Superintendent:

Date:

Director approval required for Category B

Signature of Director:

Date:

The applicant and the school should each retain one copy of this form.