

Local Educational Field Trip  
Application

**Date Application Made:** \_\_\_\_\_ **Grade(s) Attending Trip:** \_\_\_\_\_

**Field Trip Location:** \_\_\_\_\_

Depart on: \_\_\_\_\_ at \_\_\_\_\_ Return on: \_\_\_\_\_ at \_\_\_\_\_  
(date) (time) (date) (time)

**Name(s) of Supervising Teacher(s):** \_\_\_\_\_

**Name(s) of Supervising Teacher(s) with Current First Aid Training:** \_\_\_\_\_

**Date Substitute Required (if relevant):** \_\_\_\_\_

Educational Guidelines Completed: (x)  Yes  No Copy Attached: (x)  Yes  No

Safety Checklist Completed: (x)  Yes  No Copy Attached: (x)  Yes  No

**Transportations arrangements Completed:** (x)  Yes  No - If no then do so before approval..

**Transportation Arrangements:**

**Number of Students:** \_\_\_\_\_ **Number of Busses:** \_\_\_\_\_ **Driver:** \_\_\_\_\_

Transportation Completed: Mrs. Kaur: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks/Conditions: \_\_\_\_\_

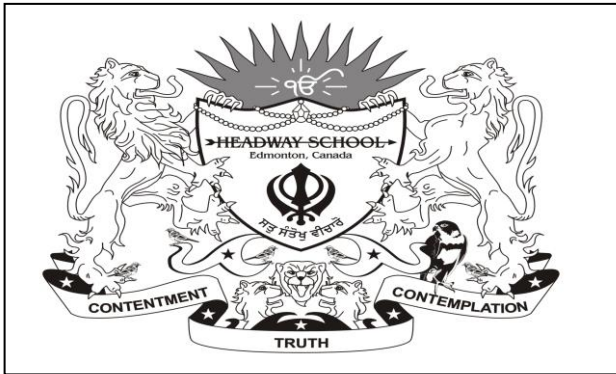
Signature of the Coordinating Teacher \_\_\_\_\_ Date: \_\_\_\_\_

Remarks/Conditions: \_\_\_\_\_

Guidelines Examined and Approved by the Vice Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks/Conditions: \_\_\_\_\_

Guidelines Examined and Approved by the Principal: \_\_\_\_\_ Date: \_\_\_\_\_



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Description and Objectives of Excursion:


The Activity fits the \_\_\_\_\_ Unit of the Grade \_\_\_\_\_ Curriculum in the Subject of \_\_\_\_\_.

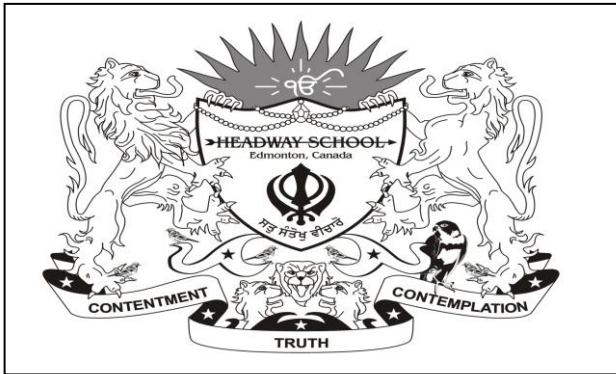
Planned Lead-Up Activities: \_\_\_\_\_


Planned Follow-Up Activities: \_\_\_\_\_


Teachers/Supervisors

Responsibilities

Special Notes or Details

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**Educational Guidelines p. 2 of 2**

(Attach More Information if Needed)

Student Behavioural Expectations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

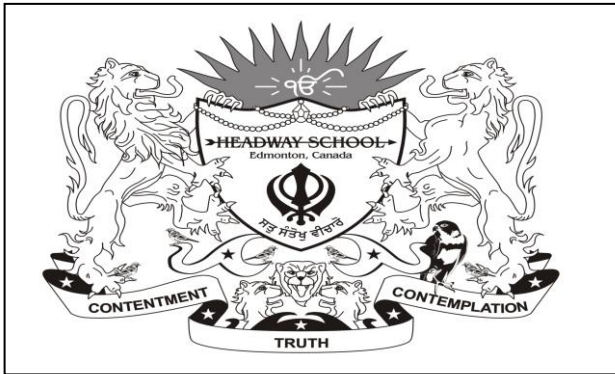
Number of Students Participating: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Coordinating Teacher: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Number of Supervisors: \_\_\_\_\_ Students per supervisor: \_\_\_\_\_

Parent Permission Forms:

Sent Home on: \_\_\_\_\_ and Returned no later than: \_\_\_\_\_  
(date) (date)

Parents Notified of Risks Involved: (x)  Yes  No

## Local Educational Field Trip Application

### Safety Checklist

#### **MUST BE COMPLETE Before Approval.**

	Planning Stage	Day of Trip
1. Consent forms (including description of: trip, transportation, times and dates, goals of trip and behavioural expectations) sent and returned	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Waiver form sent and returned	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Bus Safety Reviewed with non-bus students	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Pedestrian Safety Reviewed	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Appropriate Number of Supervisors Present	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Volunteers have received copies of Educational Guidelines	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Emergency meeting place established upon arrival	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Health Care Numbers Recorded	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Alternate Contact Persons Established	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Field trip Application and Guidelines submitted	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Transportation organized and confirmed	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Itinerary established and sent home	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Emergency numbers secured	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Costs established and collected	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Equipment list (where relevant) established	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
16. First Aid Kit present	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Any additional safety reviews completed that are deemed necessary	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No	(x) <input type="checkbox"/> Yes <input type="checkbox"/> No