



**THE LIMESTONE DISTRICT SCHOOL BOARD**

**REQUEST FOR FIELD TRIPS**

Superintendent's approval for trips that are out of county, overnight, or with inherent risk is required with **three weeks notice**. Please send **two copies of this form to area supervisor**; one copy will be returned to school upon approval and one copy will be retained by area supervisor.

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

(Note: If the destination is international, please refer to Section 19.0.0 of Administrative Procedure 260, and complete Forms 260-B and 260-C.)

Identify how this field trip supports specific curriculum expectations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Departure: place: \_\_\_\_\_ date: \_\_\_\_\_ time: \_\_\_\_\_

Return: place: \_\_\_\_\_ date: \_\_\_\_\_ time: \_\_\_\_\_

Class / Course / Club: \_\_\_\_\_

Number of students involved: \_\_\_\_\_ Overall adult to student ratio: \_\_\_\_\_

Trip leader - specify teacher (t), support staff (ss), volunteer (v): \_\_\_\_\_

Other supervisors - specify teacher (t), support staff (ss), volunteer (v):  
 \_\_\_\_\_

check that parental consent is required and permission form is attached.

If field trip has inherent risk, name of the adult holder of first aid certificate: \_\_\_\_\_

For swimming activity, name of adult holder of NLS certificate: \_\_\_\_\_

check that Physical Education Safety Manual has been reviewed.

check that Health Issues have been addressed (student, staff, volunteer).

Indicate TOTAL occasional teacher coverage required for field trip: Elem. \_\_\_\_\_ FTE Sec. \_\_\_\_\_ FTE

**COVERAGE PLAN:**

Amount proposed to be funded by the Board: Elem. \_\_\_\_\_ FTE Sec. \_\_\_\_\_ FTE

Amount proposed to be funded by the school: Elem. \_\_\_\_\_ FTE Sec. \_\_\_\_\_ FTE

Indicate school's method of reimbursement to Board:

charge our account # \_\_\_\_\_  
 (CR: 000-21-000-182-1-100 elem. or -200 sec.)

cheque to LDSB from non-board funds included or forwarded to supervisor at a later date **with a copy of this field trip form enclosed.**

Supervisor's comments or revisions: \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Area Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Board Office Use:**

School cheque received and deposited to elementary account # 000-21-000-182-1-100 or secondary account # 000-21-000-182-1-200  \_\_\_\_\_