

Form 260-A

Request for Field Trip



Three weeks' notice is required for approval by the designated school supervisor as well as for trips that are out-of-county, overnight, out-of-district, or with inherent risk.

Please send the Field Trip Request form electronically to the designated school supervisor. A signed copy will be returned electronically to the school upon approval and one copy will be retained by designated school 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: _____

Support staff (ss): _____

Limestone District School Board

Limestone District School Board is situated on traditional territories of the Anishinaabe & Haudenosaunee.

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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:

- ☐ Swim Test information has been included for swimming.
- ☐ Swim Ability and Swim Comfort Assessment Questionnaire form is included for swimming and activities that include swimming (i.e., swimming on a canoe activity day)
- ☐ Reviewed the Ontario Physical Activity Safety Standards in Education (OPASSE – OPHEA) <http://safety.ophea.net/>
- ☐ Trip Leader consulted with the Outdoor Education Consultant, Gould Lake Outdoor Centre
- ☐ Check that Health Issues have been addressed (student, staff, volunteer)

School Supervisor's comments or revisions:

Principal's Signature:

Date: _____

Designated School Supervisor's Signature:

Date: _____