

**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: _____

☐ Have reviewed the Ontario Safety Guidelines <http://safety.ophea.net/>

☐ 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 ☐ _____