

Form 607.1.1 Request for Field Trip Approval



New Revised

Use this form for -->

Green	Amber
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Date(s):

Please attach any additional information if the space provided is insufficient.

Lethbridge School Division
433 15 Street South
Lethbridge, Alberta Canada
T1J 2Z5
Phone: 403-380-5300 Fax:
403-327-4387
www.lethsd.ab.ca

School:

Alt. Phone: (optional)

Email address:

Destination:

Departure date: Return date:

Departure time: Return time:

Area of study:

Purpose of trip:

Grade level(s):

of students:

of males:

of females:

Name of supervisors

Staff/Volunteer

Male/Female

Teacher in Charge:

Other supervisor:

Other supervisor:

Other supervisor:

Total # of supervisors:

Primary firstaider:

Name of service provider: (if applicable)

Contact person: Phone:

Accommodations (if applicable):

Method of transportation:

Attachments checklist (as applicable):

- Detailed Itinerary
- Parent Correspondence
- Risk Assessment for Amber Activities (Form 607.1.2)
- Risk Checklist for International Trips (Form 607.1.3)
- Assessing Leader Qualifications for Outdoor Pursuits (Form 607.1.4)
- Swimming Ability (Form 607.1.7)
- Acknowledgement of Risk Completed (Form 607.1.5)
- Volunteer Driver Authorization (Form 700.3.1)
- Parent Permission for Student Travelling with Volunteer Driver (Form 700.3.2)
- Safety Plan (when appropriate, either location or student specific)

Equal access for all students assured: Yes No

Form 607.1.1 Request for Field Trip Approval (Continued)

Educational value and cost of activity

What are the educational/social/recreational goals of the trip?

What follow-up activities will occur?

What are the estimated costs for this activity, including the portion paid by each student? Describe funding sources and plans for any fundraising.

How will students be prepared for the trip in terms of required knowledge, skills and attitudes?

Are there any safety risks or medical issues that should be considered or planned for? (Which may include informing Staff, Parents, Students or Volunteers)

I have reviewed and applied relevant Board policies and safety guidelines: Yes No

Name of Teacher in Charge (please print)

Date

Signature

Name of Principal (please print)

Date

Signature

Associate Superintendent (if required) (please print)

Date

Signature

Authorization for collection of personal data:

Personal information is collected under the authorization of the Alberta Freedom on Information and Protection of Privacy (FOIP) Act for the purpose of completing the off-site activity described above.