



### OCDSB 640: International Field Trip/Student Group Exchange Pre-Trip Approval

Trip Title:	Date Submitted:
School:	School Phone:
Lead Trip Supervisor/Teacher(s):	Number of school days affected:
Purpose of Field Trip/Subject/Extra-curricular:	Accommodations: Hotel, hostel, school dormitory or other accommodation as a group  Billeting with informed consent  Contact Information:
<b>Tour Organizer</b>	
<b>Departure</b>	<b>Return</b>
Date:	Date:
Time:	Time:
Via:	Via:
To:	To:
Proposed travel route/additional destinations:	
<b>In case of late return or other inquiries</b>	
Contact:	Phone:
Learning Activities (provide specific details, including time blocks):	

<p><b>Supervision</b></p> <p>Supervisor Names:</p> <p>Number of students:</p> <p>Number of staff:</p> <p>Number of volunteers:</p> <p>Ratio:                      Grade:</p>	<p><b>Supervisor Responsibilities</b></p>
<p><b>Expenditures</b></p> <p>Transportation: \$</p> <p>Accommodations: \$</p> <p>Meals: \$</p> <p>Rentals: \$</p> <p>Admission: \$</p> <p>Other:</p> <p>Other Total: \$</p> <p>Expenditures Total: \$</p>	<p><b>Revenues</b></p> <p>Student Levy: \$</p> <p>Fundraising: \$</p> <p>Board Support: \$</p> <p>Other:</p> <p>Other Total: \$</p> <p>Revenues Total: \$</p>

<b>Athletics Information</b>		
Name of School: Sport/Team: <b>Coaches</b> Name: Name: Name:		Teacher Non-Teacher  Teacher Non-Teacher  Teacher Non-Teacher
<b>Season Description</b> From: To:	Details (practices, league competitions/meets, tournaments, other):	

<b>Risk Assessment</b>
OSBIE Risk Rating: Activity:  Risk:  Mitigating Strategy:

**Regular School Program**

Coverage Arrangements for teachers on trip:

Program for students who will remain in regular school program:

Arrangements for students who miss regular classes due to trip participation:

Submitted By:

Signature: \_\_\_\_\_

Date:

Principal:

Signature: \_\_\_\_\_

Date:

Superintendent:

Signature: \_\_\_\_\_

Date:

Associate Director:

Signature: \_\_\_\_\_

Date: