



OCDSB 652: Out-of-School Activities Proposal Plan

Trip Details	
School:	School Phone:
Lead Trip Supervisor/Teacher(s):	Class/Subject Area: Grade:
Educational Purpose of Field Trip:	
Date of Field Trip:	OSBIE Risk Categorization:
Departure	Return
Time:	Time:
Via:	Via:
To:	Place:
In case of late return or other inquiries	
Contact:	
Phone:	
Learning Activities (provide specific details, including time blocks):	

Supervision	
Supervisor Name(s): Number of Students: Number of Staff: Number of Volunteers: Ratio:	Supervisor Responsibilities:
Expenditures Transportation: \$ Accommodations: \$ Meals: \$ Rentals: \$ Admission: \$ Other: Other total: \$ Total Expenditures: \$	Revenues Student Levy: \$ Fundraising: \$ Board Support: \$ Other: Other Total: \$ Total Revenues: \$

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

School: