



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:
Tour Organizer	
<p style="text-align: center;">Departure</p> Date: Time: Via: To:	<p style="text-align: center;">Return</p> Date: Time: Via: To:
Proposed travel route/additional destinations:	
In case of late return or other inquiries	
Contact:	Phone:
Learning Activities (provide specific details, including time blocks):	

<p>Supervision</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>Supervisor Responsibilities</p>
<p>Expenditures</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>Revenues</p> <p>Student Levy: \$</p> <p>Fundraising: \$</p> <p>Board Support: \$</p> <p>Other:</p> <p>Other Total: \$</p> <p>Revenues Total: \$</p>

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

Risk Assessment
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: