

**QUESNEL SCHOOL DISTRICT
ATTACHMENT 'A' – POLICY 445 –
OUT-OF-SCHOOL LEARNING EXPERIENCES**

SCHOOL TRIP/PROGRAM APPROVAL

THIS FORM (ATTACHMENT "A") IS TO BE SIGNED BY THE TEACHER SPONSOR AND PRINCIPAL, OR DESIGNATE, INDICATING THAT THIS TRIP IS A SCHOOL FUNCTION. THE PARENT OR GUARDIAN MAY RETAIN IT.

1. Description of the Function: _____

2. Educational Value: _____

3. Dates and Times:
➤ Departure Date & Time from Quesnel: _____
➤ Departure & Arrival Assembly Point in Quesnel: _____
➤ Estimated Return Date & Time to Quesnel: _____
4. Destination(s): _____
5. Group Description - Name: _____

All school groups travelling with mixed gender students, must be supervised by mixed gender chaperones.

No. of Students: _____

No. of Chaperones: _____

6. Method of Travel: _____
7. Accommodation: _____
Contact Telephone Number: _____
8. Financial Arrangements (Cost per student):
Transportation: _____
Accommodation: _____
Other: (Please specify) _____
TOTAL: _____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

(PLEASE MAKE CHEQUES PAYABLE TO THE SCHOOL)

Due Date: _____

PLEASE NOTE THAT THE TEACHER SPONSOR MAY PROVIDE ADDITIONAL INFORMATION ABOUT EQUIPMENT REQUIRED, ETC. REMEMBER THAT THE SCHOOL CODE OF CONDUCT IS IN EFFECT AT ALL TIMES DURING OUT-OF-SCHOOL LEARNING EXPERIENCES.

Authorized signatures:

_____ (Teacher Sponsor)

_____ (Principal or designate)

Parents - You may keep this page for your records and return the attached page to the teacher/coach sponsor.