



POLICY NUMBER:	APP.A.GSA.E.22	APPROVAL DATE:	LAST REVISED:
		February 4, 2002	September 2, 2008

INITIAL APPLICATION FOR OVERNIGHT FIELD TRIP

Name of School: _____ Principal: _____
Teacher in Charge: _____
Destination of Trip: _____ Tour Operator: _____
Departure Date: _____ Date of Return: _____
Estimated Cost to Student \$ _____ Estimated Cost to School/Board \$ _____

Description of arrangements made to minimize the impact of the trip on the regular school program.

Insurance Requirements

Description of known major differences in insurance legislation between Ontario and destination.

Is supplementary medical insurance required? YES NO

If yes, what arrangements have been made?

Initial Approval

Date: _____

Principal: _____

Date: _____

Superintendent: _____

Please Note: This application needs to be submitted 2 months prior to departure date.

"We Have Faith in Education"

www.wellingtoncsb.ca