



ORGANIZER'S FIELD TRIP APPROVAL FORM

TRIP DETAILS:

Destination: _____

Date(s): _____

Class(es),Grade(s),Team(s) Involved: _____

Accommodation details (if necessary): _____

Other Itinerary: _____

Number of Students: MALE _____ FEMALE _____

Names of Supervisors: _____

Contact Number for Supervisors: _____

LEARNING OUTCOMES To Be Addressed: _____

TRANSPORTATION DETAILS:

Method of Transportation: Walking _____ **OR** Bus Company Vehicle _____

Name of Company: _____

Leased Vehicle _____ School Owned Vehicle _____ Private Vehicle _____

Driver Name for Leased/Private/ School Vehicle(s): _____

Route Details: _____

Departure/Arrival Place/Times: _____

Cost per Student: _____

APPROVAL INFORMATION:

Date: _____ Trip Organizer: _____

Date: _____ Vice Principal Approval: _____

Date: _____ Principal Approval: _____



PARENT APPROVAL FIELD TRIP FORM

The information on this form is collected pursuant to CIS School Policy and is to be used solely to organize & coordinate School Field Trips.

FIELD TRIP INFORMATION:

Staff Member/Supervisor in Charge of Trip: _____

TRIP DESTINATION (Include overnight details if required): _____

TRIP DATE(S): _____

CLASS(ES) or GRADE(S) INVOLVED: _____

TEAMS INVOLVED: _____

PURPOSE OF TRIP: _____

CHARGES TO STUDENT: _____

RISK DETAILS: _____

SUPERVISION DETAILS:

Number of Supervisors to be taken on trip: _____

Name of Supervisors: _____

TRANSPORTATION DETAILS:

Method of Transport: Walking: _____ **OR** Contracted Service: _____

Company Name: _____

Leased Vehicle: _____ School Owned Vehicle: _____ Private Vehicle: _____ Driver(s) _____

Route Details: _____

Departure/Return Times: _____

PARENT APPROVAL:

STUDENT NAME: _____

I approve of my son's/daughter's attendance on this field trip and the planning regarding this trip. I have also read the student conduct expectations included with this form.

I do NOT approve of my son's/daughter's attendance on this field trip.

_____ **Telephone Number** where I can be reached **on the day of the trip.**

Information about my child that field trip personnel need to know for this excursion (Medical or other):

Parent Signature: _____ **DATE:** _____