



Category A/B:

Proposed In-Province and Out-of-Province Educational Field Trip Request

| This form is to be completed by the person respo | onsible for the activity and given to the principal. | | |
|--|--|--|--|
| ☐ In Province Curricular Trip | | | |
| ☐ In Province Co-Curricular Trip | | | |
| ☐ In Province Extra-Curricular Trip | | | |
| | | | |
| Please check one: | | | |
| Category A-1: | | | |
| | 50 km into Manitoba) which occurs within one | | |
| day. Request must be made 7 days prior to makes such notice impossible (Principal ap | | | |
| Category A-2: | oprovar required). | | |
| | 50 km into Manitoba) which involves one or | | |
| more overnight stays. Request must be ma | ade 14 days prior to activity unless special | | |
| circumstances makes such notice impossib | ble (Superintendent approval required). | | |
| Category B: | in NA-wit-la-Vissanla-a-to-a-a-a-a-a-a-a-a-a-i-al-t | | |
| stays. Request must be made prior to making | in Manitoba) involves two or more overnight | | |
| advance of the first proposed trip (Director | | | |
| | or designate approved required / | | |
| Date of Request: | Date(s) of Travel: | | |
| Grade/Group: Number of Students: | | | |
| Purpose of Trip: | Destination: | | |
| Transportation: | | | |
| GSSD Bus | | | |
| □ 15 passenger van □ Commercial Carrier (specify) | | | |
| ☐ Private Vehicles (Refer to AP 552 and Forms 552-1 and 552-2) | | | |
| | | | |
| Funding Requirements: | | | |
| □ School-Based Budget | | | |
| ☐ Additional Funding Required (specify) | | | |
| Reminder that Curricular Field Trips must be covered by the school-based budget and fees cannot be charged. Finances must not be a barrier for participation in co-curricular trips. Any trip requiring additional funding must receive Superintendent approval. | | | |



| Name(s) of additional supervisor(s) and duties assigned: | |
|--|--|
| | |
| | |
| Signature of Applicant or supervisor acknowledging they have read AP 261: | |
| organization approximation desired and an approximation and a second a | |
| | |

Season or multiple overnight trips please complete the following:

| Destination | | Time (anticipated) | Day | Month | Year |
|-------------|-----------|-----------------------|-----|-------|------|
| | Departure | | | | |
| | Return | | | | |
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| | Departure | | | | |
| | Return | | | | |





Checklist:

| Completed | N/A | Please attach the following information | Principal confirmation | |
|-----------|-----|---|------------------------|--|
| | | Parent/guardian meeting held | | |
| | | Parent/guardians provided with itinerary | | |
| | | List of all students participating | | |
| | | Parent/guardian consent on file | | |
| | | Forms 552-1 and 552-2 on file (if transporting in private vehicles) | | |
| | | Medical Management Forms from Clevr | | |
| | | Staff coverage has been arranged | | |
| | | At least 85% of eligible students are attending | | |
| | | Itemized budget for total expenses of the trip included | | |
| | | High Risk Activities Identifies and Approved | | |

Approval:

| Yes | No | Educational value confirmed | |
|-----|----|---|--|
| Yes | No | Third party liability insurance (if transported in private vehicles). If not applicable, click here: | |
| Yes | No | Acceptable provision to mitigate any safety risks as per AP 261 requirements. It not applicable, click here: | |
| Yes | No | Adequacy and appropriateness of supervision considering the nature of the field trip, gender of students and supervisors, ability and age of students, appropriateness of named supervisors, and number of supervisors. | |
| Yes | No | Communication to parents and guardians has been confirmed | |
| Yes | No | All anticipated expenses have been approved | |
| Yes | No | Approval granted | |

| Principal approval required for all Categories Signature of Principal: | Date: |
|--|-------|
| Superintendent approval required for Category A-2 Signature of Superintendent: | Date: |
| Director approval required for Category B Signature of Director: | Date: |

The applicant and the school should each retain one copy of this form.