



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: _____

	<u>FEMALE</u>	<u>MALE</u>
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.