

SASKATOON CATHOLIC SCHOOLS
APPLICATION FOR LEARNING ACTIVITIES SCHEDULED OUTSIDE THE SCHOOL

SCHOOL:	NUMBER OF STUDENTS:
DESTINATION:	GRADES OF STUDENTS:
DATES:	COST PER STUDENT:
TEACHER IN CHARGE:	ACCOMMODATION:
SCHOOL TELEPHONE # :	TELEPHONE # OF ACCOMMODATION OR CELL#:

CHECK LIST

	YES	NO	DOES NOT APPLY
1. Does this activity have principal approval?	_____	_____	_____
2. Have parents been adequately informed about the details of the trip?	_____	_____	_____
3. Does the number of supervisors comply with policy?	_____	_____	_____
4. a) Does the trip involve the natural environment?	_____	_____	_____
b) Is a person qualified in first-aid accompanying the students?	_____	_____	_____
c) Have provisions been made for first aid?	_____	_____	_____
5. Does the activity involve swimming at an unsupervised beach or swimming pool?	_____	_____	_____
a) Does a person accompanying the students have lifeguard certification in accordance with our aquatics safety guidelines?	_____	_____	_____
6. Does the trip involve the use of canoes?	_____	_____	_____
a) Is a person certified according to policy to use canoes on a trip?	_____	_____	_____
b) Name of qualified supervisor with canoeing skills certificate: _____			
7. If this is an overnight field trip to a natural setting and/or involving water activities, have parental consent forms been received on behalf of each student?	_____	_____	_____
a) Has the Parent Waiver and Child Health form been completed and taken on the field trip?	_____	_____	_____
8. Have plans been made to deal with an emergency?	_____	_____	_____
9. a) Will students be transported by public conveyance? (ie. bus, plane, etc.)	_____	_____	_____
b) Will students be transported by private or rented vehicles?	_____	_____	_____
c) If yes to 9 b, have you authorized the drivers of private or rented vehicles?	_____	_____	_____
Names of all drivers: _____			

d) Will all students be seat-belted in private or rented vehicles?	_____	_____	_____
10. Is the supervisor familiar with the details of policy relating to Learning Activities Outside the School?	_____	_____	_____
11. Are you as Principal satisfied that this activity complies with all aspects of the policy relating to Learning Activities Outside the School?	_____	_____	_____

Purpose:

Names of students participating in activity:

Departure Time from School:

Arrival Time at Destination:

Itinerary:

Departure Time:

Arrival Time at School:

APPROVAL FROM THE DIRECTOR OR DESIGNATED SUPERINTENDENT MUST BE RECEIVED PRIOR TO DEPARTURE IF THE ACTIVITY EXCEEDS ONE DAY OR INVOLVES WATER.

TO: Principal

This is to advise you that your application to _____ as described in the itinerary of this form is approved.
