



**FIELD TRIP APPROVAL FORM**  
**SCHOOL DISTRICT #64 (Gulf Islands)**

Approval #

**The Leader must read School District Field Trip Policy and Procedure #585 before completing this form. Also review the "Informed Consent Forms" at: <http://sd64.bc.ca/employee-forms/>.**

**The Leader must take this completed form to the Principal for approval (and, when it is an out of province request, the Principal's recommendation for approval is to be forwarded to the Superintendent).**

**As per SD64 policy 890, the Board recognizes that some students may not be able to cover these costs, and in such cases will ensure that no student is denied an opportunity to participate in educational programs or activities based on financial hardship.**

Name of School: \_\_\_\_\_

Type of Trip: Curricular:  Extra-curricular:  Athletic:

Purpose of Trip: \_\_\_\_\_

\_\_\_\_\_

Planned Activities & Instruction: \_\_\_\_\_

\_\_\_\_\_

Destination: \_\_\_\_\_

**If a school bus is required – PLEASE USE TRANSPORTATION REQUEST FORM**

Other Transportation: \_\_\_\_\_

Leaving Date: \_\_\_\_\_ Time: \_\_\_\_\_ Substitute Required: No:   
Yes:

Returning Date: \_\_\_\_\_ Time: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Number of Pupils Involved: \_\_\_\_\_ Estimated Pupil Cost: \_\_\_\_\_

Grades: \_\_\_\_\_ Estimated School Cost: \_\_\_\_\_

Names of Leaders/Adult Supervisors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leader's Signature (Planned by) \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature (Approved/recommended by) \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Approval (overnight, 4 days or more, out of province) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Board Approval (4 days or more and out of province)