

RED DEER CATHOLIC REGIONAL DIVISION NO. 39

OFF-SITE ACTIVITY TEMPLATE
Approved A Trip
 (Non-restricted, Non-prohibited Trip within Alberta)

School:	Phone:	Fax:
Name of Service Provider:	Contact Person of Service Provider:	Phone No. of Service Provider:
Destination:	Departure Date: _____	Return Date: _____
	Departure Time: _____	Return Time: _____
Area of Study:	Purpose of Trip:	
Grade Level (Please check): <input type="checkbox"/> ECS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> SP		No. of Students: Male: Female:

	Gender	Date of Last Visit To Site:	Will You Be Onsite For The Entire Trip? If not, specify schedule.	Certifications (If applicable)
Teacher-in-Charge:				
Staff: (list)				
No. of Volunteers:				

Method of Transportation (As per RDCRD Policy) <input type="checkbox"/> School-owned Van <input type="checkbox"/> School-owned Bus <input type="checkbox"/> Arranged by Service Provider <input type="checkbox"/> Rental Van (company) <input type="checkbox"/> Charter Bus (company) <input type="checkbox"/> Volunteer Driver (parent/coach) <input type="checkbox"/> No transportation provided by school <input type="checkbox"/> Other:		Requirements Checklist <input type="checkbox"/> Parental Acknowledgement of Risk Form <input type="checkbox"/> Volunteer Driver Information <input type="checkbox"/> Itinerary Attached <input type="checkbox"/> Parent Correspondence attached <input type="checkbox"/> Medical Alerts (students)	
Estimated Cost of Trip Fees, including guides \$ Transportation \$ Accommodation \$ Meals \$ Other Expenses _____ \$ _____ Total Estimated Cost \$		Source of Funding School Funds \$ School's Decentralized Budget \$ Student Fee \$ Fund-Raising by: \$ Other (please specify) \$ Total Estimated Funds Required \$	

Educational Assessment	1. How has the activity been part of the planned program for this class/group? 2. How have you ensured equal access for all students? 3. What activities will occur during the off-site excursion?
-------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Trip Preparation

1. What preparation has occurred regarding the site, terrain, hazards, worthiness of equipment, animals, insects and weather?
2. How have you prepared the students' skills, knowledge and attitude for the off-site activity?

Supervision

1. Students must be supervised at all times. What are the responsibilities for supervisors (other teachers and volunteers) and how have such expectations been communicated?
2. A gender balance is necessary for all overnight trips.
3. What supervision is provided by the Service Provider (if applicable)?

Volunteers

1. Volunteers must meet the requirements as detailed in Part 3 of the Field Trip Administrative Procedure. Indicate what training and knowledge is required of volunteers for this off-site activity.

Emergency Procedures

1. Teachers need to familiarize themselves with the emergency procedures set out for severe weather or poor driving conditions and for accidents, as detailed in the Field Trip Administrative Procedure. What steps will be followed if a student is ill or has a non-life threatening injury?

I have consulted the Safety Guidelines Manual.

Name of Teacher-in-Charge (please print) Date (year/month/day) Signature of Teacher-in-Charge

_____ / ____ / _____
Name of Principal (please print) Date (year/month/day) Signature of Principal

_____ / ____ / _____

Approval forms for A trips must be submitted to the Principal one week in advance of the planned activity.

Authorization for Collection of Personal Information

Personal information is collected under the authority of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of completing the off-site activity mentioned above. If you have questions about the collection, use of this information, contact the Assistant Superintendent of Finance, Red Deer Catholic Regional Division No. 39, 5210 —61 Street, Red Deer, AB T4N 6N8, or telephone 403-343-1055.