



Overnight and/or High Risk Trip Approval Request Form (within the province)

**Overnight Trip
High Risk Trip**

These trips require the approval of the Superintendent or designate at least two weeks (14 days) prior to departure, except in exceptional circumstances determined by the Superintendent or designate.

Date of Request:		School:	
Purpose of Trip:			
Number of Students:		Grade:	
Destination:			
Departure Date & Time:		Return Date & Time:	
Supervising Teacher(s):		Other Supervisor(s):	
High Risk Activities (if any) students will be participating in:			
Type of Transportation: Division Vehicles (bus req to be completed in CIMS) Private Vehicles Form AP 9080- F1 Other (please specify) _____		Lodging Arrangements:	
Financial Arrangements:			
Expenses:		Income:	
Transportation	\$	School Budget	\$
Lodging	\$	Student Fees	\$
Meals	\$	Fundraising _____	\$
Supervisory Costs	\$	Special Grants _____	\$
Miscellaneous _____	\$	Other _____	\$
Total Expenses	\$	Total Income	\$
Requested by: _____ Principal Approval: _____			
Superintendent's Recommendation: Approved Not Approved			
_____ Signature of Superintendent		_____ Date	