

## **CATEGORY 3 APPROVAL FORM**

- To be used for all overnight school activities including extracurricular -

Teacher/Organizer:		School:		
Adult Supervisors attending (Full names and phone number):				
Destination:		Mode of Transportation:		
Grade/Course:	Cost to be paid by student:	Type of Excursion:  Curricular  Co-instructional		
Departure Date:		Return Date:		
Number of Students: boy	/s: girls:	Number of Adult Supervisors: female: male:		

Summary of Proposed Activity:

Curricular Relevance: (provide the overall expectations addressed)

Estimated Total Costs for Entire Group		Anticipated Sources of Revenue		
Accommodation	\$	School Accounts	\$	
Travel	\$	School Fundraising	\$	
Cost of Supply Teachers	\$	Student/Parent share	\$	
Meals	\$	Other:	\$	
Programs/Materials	\$	Teacher contributions:	\$	
Other	\$	( if applicable)		
Total	\$	Total	\$	
It is understood that this excursion will not proceed without approval from the Principal and signed parental forms completed.				
Checklist of Criteria: (a copy of this form and copies of any applicable documents are to be kept in the school office)				
<ul> <li>Itinerary (including Mass if on the weekend)</li> <li>Contract Information</li> <li>Additional Medical Coverage needs considered</li> <li>History of Excursion – no. of years:</li> <li>Certification required by staff attending:</li> </ul>		<ul> <li>Educational Objectives stated</li> <li>Information and consent letter to parents</li> <li>Liability waivers signed</li> <li>Supervision ratio in alignment with A.P. 305</li> <li>List of destination/emergency phone numbers provided</li> </ul>		
<ul> <li>This excursion complies with the OPHEA Guidelines for the High Care Activities listed below:</li> </ul>				
Teacher Signature		Date		
Principal Signature		Date		
Superintendent Signature		Date		