Christ the Teacher Catholic Schools

Curricular Trip Application Form Level 1 – Low Risk, Local

AP 261-01 (Fillable)

(e.g. trip to museum, historic sites, fire hall, nursing home, etc.)

PRINCIPAL APPROVED

Please check the type of trip	ρ:		
Day trip (in commun	nity); request must be made 1 v	veek in advance.	
Date of Request: (Ex. 09/30/2024)		Destination:	
Activity:			
Departure Date: (Ex. 09/30/2024)		Return Date: (Ex. 09/30/2024)	
Return Time: (Ex. 8:00 am)		Return Time: (Ex. 8:00 pm)	
Lead Teacher:		Cellular Contact Number(s):	
Other Supervisors (parents/volunteers):			
Grade: Group:		Number of Students:	
Transportation Plans:			
Coverage or Substitute Requested (indicate hours or periods)			
Relevance to Curricu 1.1. Pre-Trip Learn			
1.2. Trip Learning	ung		
1.3. Post-trip Learn	ning		
2. Projected Trip Funding and Costs2.1. Sources of Funding			
2.2. Cost per Stude	nt		

2.3. Provisions for Those Unable to Pay

4.	Itinerary (please include activities, times, places - this m	ay be provided as an attachment to the form)
5.	Special Needs Addressed	
Addi	itional tasks to be completed by the applicant and submit	·
	Parent/Guardian trip consent forms are returned and are of parents/volunteers, division vans or by bus List of student participants Medical health issues and emergency contact on file Appropriate and adequate travel and supervision arranger Permission for use of private vehicle for each driver must School van or private vehicle student list must be on file Participant fees are to be submitted to the office	nents be approved by the principal and on file in the office
	Signature of Applicant	Date: (Ex. 09/30/2024)
	ature indicates that the applicant has read and understood elated sections of the Physical Activity Safety Handbook	
		and that the arrangements made are in compliance.
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Safety Plan [Briefly describe (or attach to the trip plan) the risk assessment and safety planning process to

address any key risks related to the site/area, weather, activity or group].

3.

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