CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

2755 Highway 43, Kemptville, Ontario K0G 1J0
phone: 613-258-7757 toll free: 1-800-443-4562
www.cdsbeo.on.ca

APPENDIX D - Category 2 – Overnight Out of School Activity and Category 3 – Travel outside Canada or Travel Requiring Commercial Flights

It is understood that these Out of School Activities will not proceed without the approval of the **Principal, Superintendent and/or Executive Council.**

❒ **Category 2 – Overnight Out of School Activity** ❒ **Category 3 - Travel outside Canada or Travel Requiring Commercial Flights**	**Destination:**
Teacher/Organizer:	**School:**
Grade(s)/Course(s):	**Curricular Relevance:** (provide the overall expectations addressed)
Mode of Transportation (check all that apply): ❒ School/Coach Bus ❒ Volunteer Driver(s) ❒ Personal Vehicle(s)-School Staff ❒ Commercial Flights	
Date and Time of Departure from School:	**Number of Students:** Males: Females:
Date and Time of Return to School:	**Number of Adult Supervisors:** Males: Females:
Summary of Proposed Activity:	**Number of Non-employee Volunteers:** Males: Females:

Estimated Cost for Entire Group		**Anticipated Sources of Revenue**	
Travel	$	School Accounts	$
Cost of Supply Teachers	$	School Fund-raising	$
Meals	$	Student/Parent share	$
Other (please specify):	$	Other (please specify):	$
Total	$	Total	$
Estimated Cost per Student	$		

Principal Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____