

**OUT-OF-SCHOOL PROGRAM APPROVAL FORM**

**RIVER EAST TRANSCONA SCHOOL DIVISION  
OUT-OF-SCHOOL PROGRAM APPROVAL**

**Instructions For Planning Out-Of-School Programs**

1. Complete this form and submit it to the level appropriate Assistant Superintendent
2. Submit the form according to the time frames as indicated in regulation IJOA-R (B).
3. The application for your Out-of-School Activity will not be considered unless all necessary information has been submitted and the projected budget balances.
4. Plan all out-of-school programs in accordance with the "Safety Guidelines".

(1) School: \_\_\_\_\_ Submission Date: \_\_\_\_\_

(2) Activity/Event: \_\_\_\_\_

(3) Description of Activity/Event: \_\_\_\_\_  
\_\_\_\_\_

(4) Location of activity/event (city, town, parks, etc.): \_\_\_\_\_

Province/state and country: \_\_\_\_\_

(5) Tour Company \_\_\_\_\_  
(if applicable ie: Fehrway, EF, Explorica, etc.)

(6) Rationale/Curricular links: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For course credit

(7) Is this trip being planned in conjunction with another school? Yes  No.

If yes, please indicate school/contact person: \_\_\_\_\_  
\_\_\_\_\_

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(8) Activity/Event details:

Departure:	Day:	Date:	Time:
Return:	Day:	Date:	Time:
Days absent from school (do not include weekend days):			
Mode of transportation:	Bus: <input type="radio"/>	Airplane: <input type="radio"/>	Other Commercial Carrier: <input type="radio"/>
Private Vehicle(s): <input type="radio"/>	Name of Carrier:		
Accommodation information:			
Name:			
Address:			
Phone number:			

(9) Itinerary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(10) Students participating

- (a) Grade: \_\_\_\_\_ Number: \_\_\_\_\_
- (b) Grade: \_\_\_\_\_ Number: \_\_\_\_\_
- (c) Grade: \_\_\_\_\_ Number: \_\_\_\_\_
- (d) Maximum number of students: \_\_\_\_\_

(11) Method of student selection: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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(12) Adult leadership and supervision (provide gender breakdown):

(a) Teacher in charge: \_\_\_\_\_

(b) Additional teachers involved: number \_\_\_\_\_ (list names below)

- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

(c) Support staff involved: number \_\_\_\_\_ (list names below)

- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

(d) Volunteers involved: number \_\_\_\_\_ (list names below)

- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

(e) Resource people other than school personnel: number \_\_\_\_\_ (list names below)

- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

Ratio (adults/student): \_\_\_\_\_

(13) Budget:

	Projected Cost per student	Total
Travel:		
Accommodations:		
Other:		
Food:		
Admission fees, etc. (specify below):		

**Total Projected Cost:** \_\_\_\_\_

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Total Projected Revenue	Amount	Total
By School Funds:		
By Student Payments	$\frac{\text{_____}}{\text{amt. each student pays}} \times \frac{\text{_____}}{\text{no. of students}}$	
By RETSD Funds		
Other		

**Total Projected Revenue:** \_\_\_\_\_

(14) Emergency procedures check list:

- Emergency Action Plan in place (refer to “Youth Safe: Safety First”, Pages 30-33 or “Safety Guidelines” Appendix D)
- Health plan in place for individual students with special needs
- “YS and/or Safety Guidelines” have been referenced for applicable activities
- Student personal information has been collected (see IJOA-R (D)(6))

(15) A signed Parental Informed Consent form (IJOA-E2) has been submitted for each student. Yes :

Signatures:

\_\_\_\_\_  
Teacher In Charge

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Date

Effective Date:	December 16, 2003	Review Date:	
Amended Date:	June 1, 2004; January 15, 2008; Dec/2011; April 17, 2018		
Board Motion(s):	683/03; 370/04; 8/08; 94/18		
Legal/Cross Reference:	IJOA-R- Procedures for Out of School Education; IJOA-E2 Parental Informed Consent Form; YouthSafe Manitoba, Safety First, Guidelines for School Field Trips		