The approval of the Director of Transportation is required for the four categories of student travel noted below. This form must be completed, signed by the principal and forwarded to the Director of Transportation prior to promoting or organizing the student travel opportunity.

|  |  |
| --- | --- |
| * **In-Province Multiple Day (consecutive instructional days) - No Overnight** * **In-province - Overnight** | * **Out-of-province** * **Out-of-country** |

**PART I – GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School: |  | | | | | | | | | Are you traveling with another school? | | | | | |  | |
| If yes, name of other school: | | | |  | | | | | | Travel Leader: | |  | | | | | |
| Leader’s Cell Phone #: | | |  | | | | | | | Travel Leader’s PSB Position: | | | | |  | | |
| Purpose of Trip: | | |  | | | | | | | | | | | | | | |
| Travel Destination(s): | | |  | | | | | | | | | | | | | | |
| Departure Date (ex. Fri. Feb 6, 20xx): | | | | | | |  | | | | Return Date: | |  | | | | |
| Number of Days: | |  | | | | Number of Nights: | |  | | | Number of Days Students Out of Class: | | | | | |  |
| Student Group (i.e. band, art students, rugby team): | | | | | | | |  | | | | | | | | | |
| # of students by grade: | | | | |  | | | |  | | | | |  | | | |

**PART II – TRANSPORTATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mode(s) of Transportation (charter bus, vans, private vehicle, airplane, etc.): | |  | | |
|  | | | | |
| Transportation arranged by: (PSB staff, coaches, parents/guardians, volunteer, travel agency): | | | |  |
|  | If a travel agency, name of agency: | |  | |
| *Authorization for student travel doesn’t mean bus availability. Please check with Transportation Services for bus availability.* | | | | |

**PART III - OVERNIGHT ACCOMMODATION INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accommodation site (i.e. hotel name): | | | |  |
| Phone: |  | | | |
| Address: | |  |  | |
| Other Information: | | |  | |

**PART IV - FINANCIAL REQUIREMENTS – *(Cost per student, DO NOT include student’s spending money)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Transportation Expenses: | |  | | | |
| Meal Expenses: |  | | | | |
| Accommodation Expenses: | | |  | | |
| Staff Replacement Substitute Expenses: | | | |  | |
| Other (admission, tournament registrations): | | | | |  |
|  | | | | | |
| Funding: School fundraising may be required to allow all students to participate fully. Indicate the method(s) by which this trip will be funded: | | | | | |
|  | | | | | |

**PART V – CHAPERONES**

***A chaperone plan for student travel is required. A minimum of two chaperones are required unless authorized by the Director of Transportation. Schools should consider the composition(gender, special needs, etc.) of the participating students when selecting chaperones. All volunteers (non-PSB employees) must provide a satisfactory Criminal Record Check and if required, a Vulnerable Sector Check.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Chaperone** | **PSB Employee** | | **Satisfactory CRC/VSI** | |
| **Yes** | **No** | **Yes** | **No** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**PART VI - ITINERARY – CURRICULAR INFORMATION**

|  |  |  |
| --- | --- | --- |
| * **Extra Curricular Student Travel** | | * **Co-curricular Student Travel** |
| **Please describe the purpose of the student travel & list the specific learning outcomes & connection to the extra-curricular** | | |
| **and/or the co-curriculum travel:** |  | |
|  | | |
|  | | |
|  | | |
| * **Include a detailed itinerary including all scheduled activities** | | |

**PART VII - OUT OF PROVINCE AND/OR OUT OF COUNTRY TRAVEL HEALTH RISKS**

|  |  |
| --- | --- |
| * ***Out-of-Province Travel*** | |
| Contact the Public Health office in the region you are visiting close to the date of departure to identify any outbreaks of vaccine preventable disease and any related recommendations.Notify the Director of Transportation of any identified health risks. |  |
|  | |
|  | |
| * ***Out-of-Country Travel Only*** - Attach the relevant “Advisory” and “Health” page from the Government of Canada website. [**http://travel.gc.ca/travelling/advisories**](http://travel.gc.ca/travelling/advisories) | |

**PART VIII - AUTHORIZATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Travel Authorization requested by:** | | |  | | |  | | **Position:** |  |
| **School Request Approved by:** | |  | | | | |  | |  |
|  | | **School Administrator’s Signature** | | | |  | | | **Date** |
| **PSB Authorization:** | | | | | | | | | |
| The approval of the Director of Transportation is required prior to any formal contact with students and parents/guardians. Parent/guardian consent forms are required for all student travel. | | | | | | | | | |
| **PSB Office Notes:** |  | | | | | | | | |
|  | | | | | | | | | |
|  | | | |  |  | | | |  |
| **Director of Transportation** | | | |  | **Date** | | | | |