



**CLEARVIEW SCHOOL DIVISION**  
**FIELD TRIP AND STUDENT TRAVEL APPLICATION**  
(Please submit to Central Office five (5) clear working days in advance)

All field trips must meet one of the four defined categories in **Administrative Procedure 260** and be approved accordingly to be considered Division-approved. Approval must be secured before the trip and aligned with the trip's scope and location. Field trips are classified as follows:

- **Category A & Category B:** *Principal Approval required.*
- **Category C & Category D:** *Board/Superintendent Approval is required.*

I. Details of Trip:

School Name \_\_\_\_\_

**DEPARTURE**

**ARRIVAL BACK AT SCHOOL**

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_ Place: \_\_\_\_\_

Destination: \_\_\_\_\_

Reason for Trip: \_\_\_\_\_

Grade(s)/Team(s): \_\_\_\_\_

Number of Students: \_\_\_\_\_

Mode of Transportation:

☐ School Bus   ☐ Staff Vehicles   ☐ Other Private   ☐ Other (Please Specify)  
Vehicles \_\_\_\_\_

# and Name(s) of Supervising Teacher(s) \_\_\_\_\_


# and Name(s) of Chaperone(s) \_\_\_\_\_


Driver(s) Name(s) \_\_\_\_\_

**Teacher's Signature** \_\_\_\_\_ **Principal's Signature** \_\_\_\_\_

II. Payment

Individual school budgets will be charged directly with the cost of the trip as follows:

 Use of bus @ \$1.10 per km or the flat rate of \$20.00 per trip, whichever is greater (less the cost of any gas purchased by the school during the trip).

 Cost of driver for driving and waiting time (schools may negotiate a lower flat rate of pay with a particular driver) plus any expenses such as meals, parking, garbage bags, etc. Drivers receive overtime at the rate of time and one half over 10 hours per day.

- \* If private vehicles are being used, Principals must ensure adequate insurance is in place in accordance with the Co-Curricular and Extra-Curricular Trips Policy.



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I have satisfied myself that the owners/authorized drivers of vehicles for trips  
have a minimum \$2,000,000 liability insurance:

Name	Insurance Company	Insurance Policy No.	Expiry Date	Parent Signature

Principal or Designate \_\_\_\_\_ Date \_\_\_\_\_

This form, when approved, shall be kept on file at the school.