**Extended Experience Checklist Involving Travel Outside the Province or an Overnight Stay in Excess of Three Nights in the Province**

***To be completed by organizer.***

**School:**

**Destination:**

**Dates of Travel:**

**Grade Level:**

**Sponsoring Teacher:**

**Number of Students:**

**Number of Supervisors:**

**Teachers:**

**Parents:**

**Other:**

**Total:**

**Cost per Student:**

**TOC Costs (if applicable, please note how these costs are being covered:**

**Medical Coverage (if applicable, E.g., US trips):**

**Method(s) of Transportation (please be specific):**

**Emergency Procedures in Place (E.g., ability to escort a student home. Please attach procedure.):**

**Itinerary to Parents with Contact Telephone Numbers (attach itinerary and emergency contact phone numbers:**

**Relevant to Curriculum (if yes, explain. If a Travel Club, please explain purpose and if student will be missing school:**

**Principal Approval Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Superintendent/Designate Approval Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_