



# SCHOOL DISTRICT 46 SUNSHINE COAST

## EXTENDED EXPERIENCE REQUEST FORM

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Block: \_\_\_\_\_

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

Depart Time: \_\_\_\_\_ AM/PM Date: \_\_\_\_\_

Ferry: \_\_\_\_\_ AM/PM Arrive at School: \_\_\_\_\_ AM/PM

Sponsor Teacher: \_\_\_\_\_ # of Students: \_\_\_\_\_

Teacher-On-Call: No  Yes  If yes, indicate for how many days: \_\_\_\_\_  
(Please check TOC availability when planning the trip) # days x TOC costs = \$ \_\_\_\_\_

Supervising Adults (Names):

	Teacher	Non-Teacher
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Method of Transportation: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone Number(s): \_\_\_\_\_

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

BOARD POLICY PROCEDURES (See Admin. Regulation No. 3800):

Parent Notified:  Lifeguard:  Insurance:  Drivers Checked:

Other: \_\_\_\_\_

Principal's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_  
*Principal*