



SUNSHINE COAST SCHOOL DISTRICT 46

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. 1130):

Parent Notified: ☐ Lifeguard: ☐ Insurance: ☐ Drivers Checked: ☐

Other: _____

Principal's Comments: _____

Approved: _____

Principal