- Season dates) -

Comox Valley Schools

PROPOSAL for NORMAL RISK ACTIVITIES

Form 260-01

TRIP INFORMATION			
TRIP NAME:			
DESTINATION:			
DEPARTURE DATE:	DEPARTURE TIME:	RETURN DATE:	RETURN TIME:
PURPOSE OF TRIP:			# OF STUDENTS:
			# OF ADULTS:

SUPERVISION		
NAMES OF SUPERVISORS (attach list if needed)	CONTACT PHONE #	CONTACT EMAIL ADDRESS
LEAD TEACHER:		
OTHER SUPERVISOR:		
OTHER SUPERVISOR:		
PROGRAM PROVIDER: (if applicable);		

TRANSPORTATION

Check all that apply below:

METHOD

- ☐ Walking
- ☐ Board owned vehicle
- ☐ Public transportation
- ☐ Charter bus
- ☐ 15 Passenger van
- ☐ Multifunction activity bus
- ☐ Rental van
- ☐ By service provider
- ☐ Transport not provided (participants responsible for own)
- ☐ Other (specify):

DRIVER

- ☐ Professional driver
- ☐ Volunteer driver (staff or another supervisor)
- ☐ Volunteer driver (student)
- ☐ Other (specify):

EQUAL ACCESS FOR ALL STUDENTS:

- ☐ Yes ☐ No
- ☐ See attached

ESTIMATED COST OF TRIP:

SOURCES OF FUNDING (i.e., cost / student, other sources):

ALTERNATIVE ACTIVITY FOR NON-PARTICIPANTS: ☐ Yes ☐ No

Details:

TRIP CONTINGENCY PLAN (attach details if not enough space):

EDUCATIONAL VALUE

Goals and / or Student Learning Outcomes:

- ☐ Environmental Sustainability
- ☐ Community Connections
- ☐ Indigenous Education
- ☐ Arts & Culture
- ☐ Curriculum
- ☐ Other:
- ☐ Physical Education
- ☐ Literacy
- ☐ Numeracy

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SAFETY GUIDELINES

I am familiar with relevant, district Administrative Procedures and Board Policies: ☐ Yes ☐ No

Administrative Procedures (i.e., APs 260-XX): https://www.comoxvalleyschools.ca/administrative-procedures/

Board Policies: https://www.comoxvalleyschools.ca/board-policies/

BRIEFLY DESCRIBE THE TRIP PLAN: (e.g., times, location, activity.) Add as an attachment if needed.

EMERGENCY PLAN

First Aid kit(s) carried (stocked and accessible) : ☐ Yes ☐ No

Communication device: ☐ Yes ☐ No

VOLUNTEER PLAN

Volunteer screening processes (check all that apply):

☐ Criminal Record Check ☐ Volunteer Code of Conduct Form ☐ Suitability for activity ☐ Physical / health suitability ☐ Relevant experience

SCHOOL ADMINISTRATOR ONLY BOX

Criteria for success of off-site experience: ☐ Met ☐ Not Met

Reviewed Normal risk activity checklist? ☐ Yes ☐ No

Process to determine success:

TRIP APPROVAL

Name of Lead Teacher:	Date	Signature
Name of School Administrator:	Date	Signature