



Complete this form and submit to the Director of Planning & Co-Curricular for comment and decision prior to publication to the school community.

Name of proposed school trip: _____

Staff member in charge of trip: _____

Proposed dates (including year):

Date of departure: _____

Date of return: _____

Total days away: _____

Days of term-time involved (Academic days): _____

Target number of students: _____ Student years targeted: _____

Brief description of proposed trip: _____

Educational/ recreational objectives: _____

Proposed arrangements:

Approximate cost per student: _____

Other staff involved: _____ Approx. staff / student ratio: _____

Cost per staff member (if any): _____

HOD Approvals

Staff member: _____ HOD Signature: _____ HOD Approval: ☐ Yes ☐ No

Staff member: _____ HOD Signature: _____ HOD Approval: ☐ Yes ☐ No

Staff member: _____ HOD Signature: _____ HOD Approval: ☐ Yes ☐ No

Comments by Director of Planning & Co-Curricular:

Date of application: _____

Decision by Director of Planning & Co-curricular

Approval : ☐ Yes ☐ No

Signature: _____ Date: _____