

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

Out-of-School Learning Experience

ELEMENTARY SCHOOL STUDENT TRIP INFORMATION & CONSENT FORM

FORM B

PART 1 – TRIP INFORMATION

TO BE RETAINED BY THE PARENT/GUARDIAN

To the Parent/Guardian – Permission has been granted by the Principal to have the students participate in the Out-of-School Learning Experience described below. Should this trip be cancelled due to unforeseen circumstances, the student/parent is liable for the costs. To have your son/daughter participate in the trip, please complete **PART 2 below and return it to the school as soon as possible.**

The Board’s Out-of-School Learning Experiences Policy and Procedures can be referenced on the Board Website, www.hwcdsb.on.ca

SCHOOL St. Augustine Catholic School	DATE(S) OF TRIP Sept 2017– June 2018	MODE OF TRANSPORTATION Walking
DESTINATION(S) Name: Neighbourhood and Venues within walking distance		COST PER STUDENT NIL
TIME OF DEPARTURE FROM SCHOOL SITE 8:35 a.m.	APPROXIMATE TIME OF ARRIVAL BACK TO SCHOOL 2:55 p.m.	
PURPOSE(S) OF THE OUT-OF-SCHOOL LEARNING EXPERIENCE 1. To enhance and support variety of curriculum areas 2. Physical activity		
STUDENTS SHOULD COME PREPARED WITH School uniform, running shoes.		

Parent/Guardian to cut-off form here and retain Part 1; Return only Part 2 (below) to school

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

PART 2 – PARENT/GUARDIAN CONSENT

TO BE RETURNED TO THE SCHOOL

To the Hamilton-Wentworth Catholic District School Board and the Principal of:

_____ School

As the parent(s)/Guardian(s) of (print name in full _____)

I/We hereby request that the above named student be permitted to participate in the trip to

(destination) _____

INDIVIDUALIZED ACCOMMODATION PLAN REQUIRED NO YES (PLEASE SEE ATTACHED FORM)

ONLY TO BE COMPLETED IF PRIVATE MOTOR VEHICLE IS USED. I/We hereby give permission for the above named student to be transported in a vehicle driven by another **parent:**

Signature(s): _____

Date _____

Signature of Parent(s)/Guardian(s) _____

Student Home Telephone Number _____

Emergency Telephone Contact: Name _____

Telephone _____

NOTE – THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE SUPERVISING TEACHER/ADVISOR AT LEAST 3 DAYS PRIOR TO THE TRIP/ACTIVITY. (Teacher Permission Form must also be included)

The personal information and personal health information requested and contained within this form is being collected, used, retained and disclosed pursuant to the *Municipal Freedom of Information and Protection of Privacy Act: R.S.O. 1990 last amendment 2007* and the *Personal Health Information Protection Act : R.S.O. 2004 last amendment 2009* by the Hamilton-Wentworth Catholic District School Board in accordance with the *Education Act: R.S.O. 1990 last amendment 2009* and its regulations for the provision of education and education-related programs and services, including excursions. Any questions regarding the collection, use, retention and disclosure of personal information by the School or the Board may be directed to the Principal of the School.