

JOHN TONKIN COLLEGE

FORM B

Educational Camps, Tours and Excursions Involving an overnight stay

APPLICATION FORM

Name of Teacher in Charge: _____ Date submitted: _____

Excursion: _____

Reason for Excursion: _____

(A proposed itinerary and list of activities must be attached)

Venue: _____

Dates (inclusive): _____

Times: Departure: _____

Return to School: _____

STUDENT DETAILS

Number of boys: _____ Number of girls: _____ Total: _____

Year level(s): _____

SUPERVISION DETAILS

Overnight excursions which involve a mixed group must have male and female supervision.

Mobile Phone Booked: _____ Number: _____

Teachers attending: Male _____

Female _____

Other adults attending: Male _____

Female _____

(A volunteer declaration is required for all non-DOE employee's adults involved in the Excursion/Camp/Tour)

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FORM B (continued)

TRANSPORT:

Type: (eg. public transport, walking, etc) _____

If Bus: Driver's name and licence categories (not needed if commercial bus and driver are to be hired).

SOURCES OF FUNDING:

Student contribution: \$ _____

School contribution: \$ _____

Fund Raising: \$ _____

Other: \$ _____

Total: \$ _____

EXCURSION DETAILS:

If over 20 children are attending, has the CANTEEN been notified?

Has the excursion checklist been completed?

(This is to be attached to this application)

Has the emergency response plan been developed?

(This is to be attached to this application)

Teacher-in-Charge of Excursion's Signature: _____

HOLA / TIC Signature Approval and Signature: _____

Associate Principal's Signature and Approval: _____

Date: _____

Please forward a final copy of the itinerary with excursion contact numbers and student list to Associate Principal or Principal immediately prior to departure. (If excursion is to occur during school holidays these details should be lodged with District Office – See Principal).

Please note: Any excursion which incurs a cost to the school must be discussed with the Manager Corporate Services.