

**SOUTH SHORE REGIONAL SCHOOL BOARD
STUDENT TRIPS - PRINCIPAL'S CHECKLIST**

Name of School: _____

Destination of Trip: _____

Length of Trip (include calendar dates) : _____

Number of Students Participating: _____ Grade Level(s): _____

Name(s) of Chaperone(s) : _____

Supervising Teacher(s): _____

Will signed consent forms be on file at the school? _____

Will names, addresses and phone numbers of all participating students be on file at the school?

Will the supervising teacher have with her/him, while on the trip, the contact information for all parents of the students participating in the trip? _____

Will the school have contact phone number(s), e-mail address(es) through which to reach the supervising teacher? _____

Mode(s) of Travel/Transportation: _____

Departure Date: _____ Return Date: _____

Additional comments: _____

Signature of Principal: _____



