FORM 1: Excursion Form

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| A close-up of a logo      Description automatically generated | **EXCURSION FORM****Gardens Campus** |
| Today’s Date |  | Lead Teacher: Contact number: |  |
| Grade/s |  | Number of Students |  |
| Number of staff attendingApproved ratios based on age:12+ = 1:15 / 6-12 = 1:10 / 4-6 = 1:6 / SEN = 1:3 |  |
| Name of venue/location |  |
| Rationale for trip |  |
| List of activities in the trip |  |
| Day/Date/Time of the excursion |  |  |
| Name of the staff member who will collect the first aid kit and list of student medical conditions from the nurse |  | Date |  | Time |  |
| Name/s of the first aid trained staff attending |  |
| Designated First Aider(s): Contact number: |  |
| Number of First Aider to student ratio: |  |
| Nearest Hospital to the place of excursion |  |
| Names of students with special educational or medical needs and adults to support if required. (These students must be noted on Risk Assessments) |  |

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| **ACCOUNTS** |
| Cost per student to be covered by the parents (Excursion Fee + Bus Fee) |  | Total cost to be covered by the school |  |
| **TRANSPORTATION** |
| Number of buses required: (Standard fee is 10 aed per student, ifwithin Abu Dhabi) |  | Exact address of destination |  |
| Departure time (From RIS) |  | Pick up time from destination |  | Expected return time from RIS | - |
| **CANTEEN (FOOD NATION)** |
| Does this excursion take place during………… | Break Time: | Yes ☐ No☐ | Lunch Time: | Yes ☐ No ☐ |
| Lunches to be cancelled with School caterer | Yes ☐ No ☐ |
| List of packed lunches required from school caterer | ••• |

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| **Name and signature of ADEK approved staff attending** |
| **Name** | **Signature** | **Name** | **Signature** |
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**Approved by:**

**Head of School**: Date:

**Principal**: Date: