

FORM N

Excursion Occasional Teacher Day Requirements

School:		
Excursion Name/Location:		
Number of Occasional Teacher Days Required:		
Dates Required:		
Staff Organizer Signature:	Date:	<u> </u>
Principal Signature:	Date:	_
EXCURSION OCCASIONAL TEACHER DAYS APPROVE	D BY:	
Superintendent Signature:	Date Approved:	
Director Signature:(for Extended Excursions)	Date Approved:	

Policy Document: School Excursions S-2018-04-1