



# Sponsored/Approved Student Excursions - Out of Country

The following report must be sent to Risk Management & Insurance, Department of Finance, via mail (Box 1320, Yellowknife, NT X1A 2L9) or fax (867) 920-6133 or e-mail to (risk\_fin@gov.nt.ca) For any serious injuries, please report by telephone immediately

**Travel Accident Insurance for out of country travel is provided by GNWT Risk Management & Insurance. INCOMPLETE FORMS WILL BE RETURNED**

GENERAL INFORMATION		
School Name	School Board	
Excursion Date (M/D/Y)	Destination	Reason for excursion - <b>Include Itinerary</b>

MODE(S) OF TRANSPORTATION (SELECT ALL THAT APPLY)	
<input type="checkbox"/> Automobile <input type="checkbox"/> Snowmobile <input type="checkbox"/> Watercraft           What is the length?	<input type="checkbox"/> Aircraft <input type="checkbox"/> Train <input type="checkbox"/> Sled <input type="checkbox"/> ATV <input type="checkbox"/> Bus <input type="checkbox"/> Other

DOES THE OWNER(S) OF THE VEHICLE(S)/MACHINE(S) HAVE VALID LIABILITY INSURANCE?	
<p>If the vehicle(s) / Machine(s) are a GNWT asset, please include the Asset and License Plate Number.</p> <p>All Privately owned vehicles used to transport students must carry a minimum of \$1,000,000 (one-million dollars) liability insurance.</p>	

GNWT Asset	Owner(s) of Vehicle(s) / Machine(s)	Year	Model/Make	License Plate No. / Asset No.	Insurance Policy No. & Insurer
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

SUPERVISOR(S) / CHAPERONE(S)			
First and Last Name	Date of Birth (M/D/Y)	Employed by School Council	Supervisor or Chaperone
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Supervisor <input type="checkbox"/> Chaperone
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Supervisor <input type="checkbox"/> Chaperone
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Supervisor <input type="checkbox"/> Chaperone
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Supervisor <input type="checkbox"/> Chaperone
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Supervisor <input type="checkbox"/> Chaperone

LIST OF ATTENDING STUDENTS (IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPERATE LIST)					
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24

SIGNATURE	
Date	Principal Signature
Date	Superintendent Signature (if required)

The privacy provisions of the Access to Information and Protection of Privacy (ATIPP) Act protect the information collected. If you have questions about the collection, please contact, Risk Management & Insurance, Department of Finance in Yellowknife at (867) 767-9177 ext. 15263.