

# PROTEA HEIGHTS ACADEMY

## PROTEAHOOGTE AKADEMIE

### CAMPS, EXCURSIONS AND TOURS



#### POLICY REGISTER DETAILS

TITLE OF POLICY	Camps, excursions and tours policy
COMPILED BY	D Tucker
POLICY NUMBER	31
DATE APPROVED BY SGB	6 December 2022
EFFECTIVE DATE	1 January 2023
EXPIRY DATE	This Policy remains in force until amended or replaced <u>and</u> approved by the SGB
REVIEW DATE	1 January 2025
AMENDMENT HISTORY	

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## 1. BACKGROUND

Protea Heights Academy strives to provide a rigorous and technologically enhanced curriculum, to inspire creative, critical and analytical thinking, to prepare learners to be productive and successful citizens, with higher-level critical-thinking skills needed to solve problems in the real world. Camps, enrichment tours and excursions form an integral part of the holistic development of learners across subjects and grades.

## 2. GENERAL

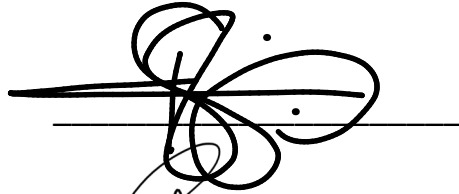
- 2.1 All school activities must be organised in accordance with the relevant national and provincial legislative requirements. (Refer to Circular No. 0046 of 2013)
- 2.2 A provisional detailed budget (see Annexure A) for proposed tours must be submitted to the Principal for approval **prior** to tours being launched. A copy must be handed to the School Financial Officer (SFO).
- 2.3 Once the number of participants has been finalized, a revised budget must be submitted to the (SFO) indicating the actual number of learners and the amount payable per learner on a google sheet.
- 2.4 Camps, excursions or tour costs must be fully covered by the monies raised.
- 2.5 Learners may only participate in camps, excursions, tours or other activities outside the curriculum that require payment, if their school fees are up to date or a payment arrangement has been made with the finance department.
  - No monies may be paid for tour expenses until an equivalent amount has been raised.
  - No air tickets/land arrangements are to be booked for learners until that learner has paid enough to cover the cost of the air ticket/land arrangements.
  - Costs of staff members accompanying the group are to be included in the tour price.
  - No daily allowances will be paid to staff members accompanying the group.
  - All **overseas** tours must be “work in progress at least 18 months prior to departure to ensure that all monies are collected at least 6 months before departure. The last due date must be at least 6 months prior to departure.
  - All **local** tours must be “work in progress at least 6 months prior to departure to ensure that all monies are collected at least 1 month before departure. The last due date must be at least 1 months prior to departure
  - All overnight tours must have a ratio of one educator for each of 15 children (overseas) and one educator for each 25 learners (local) tours or camps.
  - All overnight tours **MUST** have one SMT member accompany the tour.

### 3. APPROVAL AND ADOPTION

This Camp, excursion and tours policy was approved and adopted by the Protea Heights Academy Governing Body on 6 DECEMBER 2022 (date).

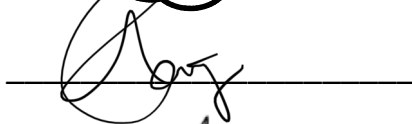
**SIGNED:**

CHAIRPERSON:



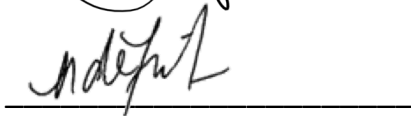
DATE: 6 DECEMBER 2022

PRINCIPAL:



DATE: 06/12/2022

SECRETARY:



DATE: 6 DECEMBER 2022



ANNEXURE A: CHECKLIST

CAMPS, EXCURSIONS AND TOURS CHECKLIST

**TEACHER-IN-CHARGE:** \_\_\_\_\_

**SUPPORT STAFF: (Number: )**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOUR DATES: FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

Please use the checklist to see if you are on track for your tour.

**SECTION A: PRIOR TO YOUR REQUEST FOR TOUR/ CAMP/ EXCURSION APPROVAL**

	YES	NO
1. Have you drawn up a detailed budget estimate? A minimum of three quotes is required for any expenditure over <b>R30 000</b>		
2. Have you obtained approval from the/ School Financial Officer for the estimated budget?		
3. Have you drawn up the letter indicating all costs, a schedule of payments, finance commitment with regards to school fees and financial aid, loss of deposit if <b>parent</b> cancels?		
4. Have you drawn up all indemnities required for the camp/ excursion/ tour? Activities which include the use of a pool or the ocean <b>must</b> include a swimming indemnity		



5. Do you have a male and female staff member if the tour is mixed in terms of gender? Overseas tours a ratio of <b>1:15</b> must apply Local camps/ excursions/ tours <b>1:25 see above</b>		
6. Does your sample letter inform parents of deadlines when it comes to the purchase of tickets and that monies collected to that date must exceed the purchase price.		
7. Have you presented your budget together with sample letters to the Principal prior to any communication to the parents?		

**SECTION B: AFTER THE TOUR/ CAMP/ EXCURSION IS APPROVED**

	YES	NO
8. Have you created a shared google sheet with the finance department to track payments. The Finance department will also use this spreadsheet to check the financial status of all parents whose children have indicated that they wish to go. <b>NO COMMUNICATION REGARDING FINANCIAL STATUS WILL BE MADE AVAILABLE OUTSIDE THE FINANCE DEPARTMENT</b>		
9. Have you obtained the PDP's (Public Driving Permit) and relevant documentation from the bus company in order to complete the WCED tours and excursion form?		
10. Have you drawn up a letter to the Governing Body requesting approval for the tour?		
11. Have you completed the relevant forms to inform the WCED (Metro East) of the camp/ excursion/ tour?  *WCED forms need to be completed in advance, signed off by the SGB and submitted 4 weeks before a camp/ tour or excursion can take place.		

12. Have you informed parents that insurance for overseas trips is compulsory and applies to all.		
13. Have you considered how monies need to be paid to overseas organisations and how you are providing for the daily financial management of the tour?		
14. Are you keeping a record of all expenses including receipts for auditing/claim purposes?		

**SECTION C: AFTER THE TOUR/ CAMP/ EXCURSION**

<p>15. Have you completed a full budget reconciliation and provided it to the Finance department/ School Financial Officer.</p> <p>*Any funds which are in excess must be spent on the tour/ camp/ excursion group before the end of the year.</p>		
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ANNEXURE B: GENERAL INDEMNITY (ENGLISH)

I ..... being father/ mother/ legal guardian of ..... (FULL NAME) request you to allow him/her to take part in all activities during the **GRADE**.

I accept that the school and all parties mentioned will take all reasonable precautions to ensure the safety and well-being of my child. I further authorize the educators of Protea Heights Academy in charge of the excursion to act as 'loco parentis' during this time. This includes security issues (i.e. the learner must at all times follow the instructions of the educators, bus driver, personnel of **VENUE NAME** to ensure the safety of each individual and the group) as well as disciplinary issues (i.e. the learner agrees to follow the code of conduct of Protea Heights Academy and will accept any disciplinary action taken by the educators).

I give permission to PHA personnel to give any consent required by hospital or medical authorities in respect of medical attention they might deem necessary. I realise that I will be responsible for the payment of any medicine and/or hospital accounts, if necessary.

I indemnify the Governing Body, Protea Heights Academy staff, bus driver and staff of **VENUE NAME** of any liability due to death or injury or any damage or loss that may arise from my child's participation in this camp (on the way there, during and on the way back to Brackenfell).

I request the person responsible to note the following: (Mention here any weakness, allergies or condition that your child has)

.....

Special meal requirements

.....

**(Please note that costs include transport, breakfast, lunch packages, but snacks for the road are at your own cost).**







Prescription and other medications your child is using (**please let us know if something changes closer to the time of the tour/camp**).

.....

INFORMATION REQUIRED IN CASE OF MEDICAL/HOSPITAL TREATMENT

Name and address of employer:

.....

Occupation: ..... Tel. (h) .....

Tel. (w) ..... Cell phone no. ....

Name of Medical Fund: ..... No.: .....

(Please attach a copy of your Medical aid card).

**Signature of father / mother / legal guardian:**

.....

**LEARNER STATEMENT:** I acknowledge and accept Protea Heights Academy's Code of Conduct, and pledge to abide by it. I understand that a breach of the rules will result in disciplinary action.

Learner's signature: ..... Date: .....





ANNEXURE C: GENERAL INDEMNITY (AFRIKAANS)

Ek ..... die vader/ moeder/ wettige voog van ..... (VOLLE NAME) versoek u om hom/haar te laat deelneem aan alle aktiwiteite tydens die Proteahoogte Akademie **GRAAD**.

Ek aanvaar dat alle redelike voorsorg getref sal word vir die veiligheid en welstand van my kind. Ek gee hiermee toestemming aan die personeel van Proteahoogte Akademie om as 'loco parentis' op te tree gedurende hierdie tyd. Dit sluit in veiligheid (naamlik dat die leerling ten alle tye die instruksies van die personeel van PHA, die busbestuurder en die personeel van die **LOKAAL NAAM** moet volg vir die veiligheid van die individu asook die groep) sowel as dissipline (naamlik dat die leerling instem om die gedragskode van Proteahoogte Akademie te volg en enige dissiplinêre aksie as gevolg van wangedrag, te aanvaar).

Ek gee toestemming dat PHA personeel enige vrywaring wat deur 'n hospitaal of mediese beamptes benodig word ten opsigte van mediese behandeling wat nodig geag word, mag gee. Ek besef dat ek verantwoordelik gehou sal word vir die betaling van enige mediese en/of hospitaalrekeninge, indien van toepassing.

Ek vrywaar die Beheerliggaam, Proteahoogte Akademie en personeel, die busbestuurder asook die personeel van die **LOKAAL NAAM** van enige aanspreeklikheid weens die dood of beserings of enige skade of verlies wat mag ontstaan uit die deelname deur my kind aan hierdie kamp (op pad soontoe, gedurende en op pad terug na Brackenfell).

Ek versoek die verantwoordelike persone om op die volgende te let: (Noem asb. enige aspekte waarvan die personeel bewus moet wees – enige swakhede, allergieë of kondisies ens. waaraan u kind lei).

.....

Spesiale maaltyd vereistes:

.....

**(Let asb. daarop dat die koste vervoer, ontbyt, middagetepakkies insluit, maar padkos is vir eie koste).**





Voorskrif- en ander medikasie wat u kind gebruik (**laat weet asb. indien iets verander nader aan die tyd van die toer/kamp**).

.....

INLIGTING BENODIG TEN TYE VAN MEDIESE/HOSPITAAL BEHANDELING

Naam en adres van werkgewer:

.....

Beroep: ..... Tel. (h) .....

Tel. (w) ..... Selfoon no. ....

Naam van Mediese Fonds: ..... No.: .....

(Heg asb. 'n kopie van u Mediese Fonds-kaart aan)

**Handtekening van vader/moeder/wettige voog:** .....

**LEERLING VERKLARING:** Ek neem kennis van en aanvaar Proteahoogte Akademie se Gedragskode, en beloof om dit te gehoorsaam. Ek verstaan dat enige optrede teenstrydig met die gedragskode tot dissiplinêre aksie sal lei.

Leerling se handtekening: ..... Datum: .....





ANNEXURE D: SWIMMING INDEMNITY (ENGLISH)

**Swimming Indemnity Form**

Release of Liability, Waiver of Claims, Assumption of Risk, and Indemnity Agreement

**PLEASE READ CAREFULLY.**

To: Protea Heights Academy and **VENUE**

I hereby give consent for my child to swim at the **VENUE** and mountain pools during the length of the **GRADE**. I recognize and fully understand certain things, including:

- There is a certified and experienced lifeguard on duty at all times.
- There is a paramedic joining the camp for additional safety.
- Educators and the lifeguard will take all and every precaution while your child is in the pool.
- Each child is still responsible for the safe use of the pool.
- That my child will adhere to all the rules of the property and the pool area.
- The use of the pool facilities during the camp involves certain risks, including but not limited to:
  1. The risk of injury resulting from possible malfunction of the pool equipment;
  2. The risk of injuries resulting from tripping or falling over obstacles in the pool area;
  3. The risk of injuries resulting from unsupervised divers and swimmers colliding;
  4. The risk of other injuries resulting from participating in any action in the pool.
- I recognize and fully understand that the above list is not a complete or exhaustive list of all possible risks; the list only provides examples of types of risks that I am assuming.
- If you don't give consent, we will ensure your child does not enter the pool/pool area.





PROTEAHOOGTE AKADEMIE

**PHA**

PROTEA HEIGHTS ACADEMY

I have read and understood this document	YES	NO
I hereby give consent for my child to swim during the grade 9 camp	YES	NO
My child is fully able and comfortable to swim by him-/herself	YES	NO

Learner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signed:

Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_



MATHEMATICS AND SCIENCE FOCUS

WISKUNDE EN WETENSKAP FOKUS



ANNEXURE E: SWIMMING INDEMNITY (AFRIKAANS)

**Swem Vrywaringsvorm**

Vrystelling van aanspreeklikheid, Kwytskelding van Eise, Aanvaarding van Risiko, en Vrywaringssooreenkoms

**LEES ASSEBLIEF SORGVULDIG.**

Aan: Protea Heights Academy en **KAMPTERRAIN**

Ek gee hiermee toestemming vir my kind om by die **KAMPTERRAIN** swembad fasiliteite en berg swembaddens te swem gedurende die verloop van die **GRAAD**. Ek erken en verstaan sekere aspekte ten volle, insluitend:

- Daar is ten alle tye 'n gesertifiseerde en ervare lewensredder aan diens.
- Daar is 'n noodhulpbeampte wat by die kamp aansluit vir bykomende veiligheid.
- Opvoeders en die lewensredder sal alle voorsorgmaatreëls tref terwyl u kind in die swembad is.
- Elke kind is steeds verantwoordelik vir die veilige gebruik van die swembad.
- Dat my kind by al die reëls van die eiendom en die swembadarea sal hou.
- Die gebruik van die swembadfasiliteite tydens die kamp hou sekere risiko's in, insluitend maar nie beperk tot:
  1. Die risiko van besering as gevolg van moontlike wanfunksionering van die swembadtoerusting;
  2. Die risiko van beserings as gevolg van struikel of val oor hindernisse in die swembadarea;
  3. Die risiko van beserings as gevolg van botsing tussen duikers en swemmers wat sonder toesig verkeer;
  4. Die risiko van ander beserings as gevolg van deelname aan enige aksie in die swembad.
- Ek erken en verstaan ten volle dat die bogenoemde lys nie 'n volledige lys van alle moontlike risiko's is nie; die lys verskaf slegs voorbeelde van tipes risiko's wat ek aanneem.
- Indien u nie toestemming gee nie, sal ons verseker dat u kind nie die swembad/swembadarea binnegaan nie.





PROTEAHOOGTE AKADEMIE

**PHA**

PROTEA HEIGHTS ACADEMY

Ek het hierdie dokument gelees en verstaan	JA	NEE
Ek gee hiermee toestemming dat my kind tydens die graad 9-kamp mag swem	JA	NEE
My kind is ten volle in staat en gemaklik om self te swem	JA	NEE

Leerder: \_\_\_\_\_ Geboortedatum: \_\_\_\_\_

Geteken:

Ouer/ Voog: \_\_\_\_\_ Datum: \_\_\_\_\_

Geteken: \_\_\_\_\_



# ANNEXURE F: APPLICATION FOR APPROVAL OF TRANSPORT FOR REGULAR AND/OR ROUTINE SCHOOL OUTINGS



## **Application for approval of transport for regular and/or routine school outings**

(NB: The principal of the applicant public school must complete this application form, which may be processed and approved by the Ward Manager of the relevant school.)

### **Copies of the following documents must be submitted with the application:**

- o **Addendum A:** Certificate of Validation from any company from which the school hires vehicles for the transport of learners
- o **Addendum B:** Certificate of Compliance from the School in respect of its own vehicles and drivers
- o **Addendum C:** Schedule of routine activities for the term

**Name of school:** Protea Heights Academy **Emis number of the school:** \_\_010000355

**District:** East **Circuit:** 2

The school hereby applies for permission to organize and undertake regular, routine educational activities off school premises, including permission to arrange and utilize appropriate means for transporting learners to such activities.

Details of school activities for which permission is sought (delete those which do not fall within the school’s ambit of regular or routine activities) are provided below.

### **1. Description of routine school activities for which transportation of learners is required**

Vumatel network tour. The excursion will include a visit to the POP (point-of -presence) which is based on the schools property, a walking tour to show wallboxes and streetboxes, a demonstration of splicing (the of joining two fiber optic cables) and a visit to ISBree in town.  
19 learners will depart for ISBree at 10:00 am.

### **2. Date, venue and description of activities**

Time:  
Date:  
Place:

### **3. Details of grades and numbers of learners to be transported**

Grade 11 - 10 Learners (Please see attached)

### **4. Details of supervisory staff involved**

Educator :

Principal: _____ (print name)	Signature _____	Date _____
Authorised SGB Representative: _____ (print name)	Signature _____	Date _____

### **For official use:**

Approved:

By Circuit Manager  Yes  No

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If not approved, the Circuit Manager will provide reasons and afford the principal an opportunity to rectify shortcomings before re-submitting:





**Certificate of Validation in respect of vehicles hired by the school to transport learners**

Certificate provided by

**MAXIBUS SERVICES CC**

in respect of vehicles and drivers utilized to service the needs of the school

Trading name and registered company address of registered company which owns the vehicles: \_\_\_\_\_

\_\_\_\_\_

I, ..... duly authorized representative of **Maxibus Services CC**

hereby certify that the following measures and expectations have been fulfilled and complied with in their entirety, both in respect of the vehicles used to transport **ABCDE High School** pupils and the drivers who drive such vehicles.

Please place a tick in the relevant box to indicate whether you have complied or not:

1.  The drivers used to drive vehicles transporting **ABCDE High School** learners have been tested/observed by the company and we are satisfied that they are fully competent to carry out their task.
2.  Every driver used to drive a bus or minibus used to transport **ABCDE High School** pupils has a valid public driver's permit (PDP).
3.  Any vehicle in which **ABCDE High School** pupils are transported has an up-to-date, valid licence.
4.  Any vehicle used to transport **ABCDE High School** pupils is in a sound condition and suitable for the purpose for which the company has hired it out.
5.  The tyres and brakes on the vehicles have been checked and are in a good and safe condition.
6.  Every vehicle used to transport **ABCDE High School** learners has a valid roadworthy certificate, and has been checked by the company to ensure that it still complies with the requirements which were in place in order to earn the roadworthy certificate.
7.  Every vehicle used to transport **ABCDE High School** learners is suitable for the number of learners carried in the vehicle at any time.

8.  The company transports all passengers seated, and there are sufficient seats for the number of learners carried, in order to comply with the law in this regard.
9.  Every vehicle used for the transport of ABCDE High School learners has been insured for the purpose for which it is being used.

The above certified to be a true and accurate reflection of the situation as pertains on each and every occasion on which **ABCDE High School** pupils are transported by the company.

**Signature of authorized representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ANNEXURE G: APPLICATION TO UNDERTAKE A SCHOOL TOUR OR NON-COMPULSORY OUT-OF-SCHOOL- HOURS EXCURSION DURING WHICH LEARNERS WILL BE SLEEPING AWAY FROM HOME**



**APPLICATION TO UNDERTAKE A SCHOOL TOUR OR NON-COMPULSORY OUT-OF-SCHOOL- HOURS EXCURSION DURING WHICH LEARNERS WILL BE SLEEPING AWAY FROM HOME**

The completed application form must be submitted by the school to the education district director at least x months before the proposed activity. It must be signed by the Principal and the SGB Chairperson.

**1. DETAILS OF SCHOOL**

1.1	Education district	METRO EAST EDUCATION DISTRICT
1.2	Name of school	PROTEA HEIGHTS ACADEMY
1.3	School's EMIS number	
1.4	Name of principal	MRS WENDY HORN

**3. LOGISTICS OF ACTIVITY**

Indicate whether overnight or day visit:		No. of days:
If overnight, describe type of accommodation to be used:		
Accommodation for learners	Type:	No per room:
Accommodation for adults	Type:	No per room:
Catering arrangements:		

**4. PLANNED APPROXIMATE SIZE AND COMPOSITION OF EXCURSION PARTY**

Number of learners		Total	Number of teachers		Total	Number of parents		Total
Boys	Girls		Male	Female		Male	Female	

**5. FUNDING ARRANGEMENTS**

5.1 COST DETAILS

Cost of the tour per person:	Total cost:

5.2 SUPPORT PROVIDED FOR LEARNERS WHOSE PARENTS CANNOT AFFORD THE ACTIVITY


**6. TRANSPORT DETAILS**

6.1 NAME OF THE COMPANY OR PERSON(S) OWNING THE VEHICLE(S):

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6.2 ADDRESS(ES) OF THE ABOVE COMPANY OR PERSON(S):



**6.3 ROADWORTHY CERTIFICATE:**

A certificate of compliance will be provided prior to departure and filed in the school's Transport File.

**7. DOCUMENTS TO BE SUBMITTED WITH APPLICATION**

**Copies of the following documents must be submitted with the application:**

- 7.1 The full excursion itinerary
- 7.2 The letter of invitation ( if applicable)
- 7.3 All the signed parental consent forms
- 7.4 The school's most recent bank statement
- 7.5 A copy of the minutes of the school governing body meeting at which the excursion was approved

**8. SIGNATURES**

-----	-----	-----
PRINCIPAL'S NAME (Please print)	SIGNATURE	DATE

-----	-----	-----
SGB CHAIRPERSON'S NAME (Please print)	SIGNATURE	DATE

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**FOR OFFICIAL USE:**

**APPLICATION APPROVED BY:**

-----	-----	-----
IMG MANAGER'S NAME (Please print)	SIGNATURE	DATE

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DISTRICT DIRECTOR'S NAME  
(Please print)

SIGNATURE

DATE

---