

**APPENDIX: APPLICATION FORMS**

**ONTARIO YOUNG TRAVELLERS PROGRAM  
APPLICATION FORM FOR SCHOOL BOARDS**

The collection of this information is authorized by the Education Act, R.S.O., 1990, c. E.2. This information is used by ministry staff for administrative and audit purposes.

\_\_\_\_\_  
Application date

\_\_\_\_\_  
Name of board

\_\_\_\_\_  
Board contact

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Address of board (street, city/town, postal code, telephone number)

\_\_\_\_\_  
Total funding requested

I declare that the board has complied with the requirements and conditions in Policy/Program Memorandum No. 60A.

\_\_\_\_\_  
Signature of Director of Education

\_\_\_\_\_  
Date

**Prioritized list of schools for which funding is requested from the Ontario Young Travellers Program**

School Name	City/Town	Km from Toronto (one way) (K)*	Number of Students (S)*	Number of Chaperones (T)*	Proposed Travel Dates	Transportation Costs (\$) (C1)*	Accommodation Costs (\$) (C2)*	Air/Rail Costs (\$) (C3)**	Total Costs (\$) (C)***
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
<b>Grand Totals</b>									

\*C1 = \$0.03 x 2 x K x (S + T); C2 = \$46 x (S + T) if K > 800 km

\*\*C3 is 50% of the cost of air or rail travel to the nearest commercial centre for schools without road access to a major centre

\*\*\*C = C1 + C2 + C3

**REQUEST FOR TOUR OF THE ONTARIO LEGISLATIVE BUILDING**

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

NUMBER OF STUDENTS: \_\_\_\_\_

NUMBER OF CHAPERONES: \_\_\_\_\_

GRADE: \_\_\_\_\_

30-MINUTE TOUR:            ENGLISH \_\_\_\_            FRENCH \_\_\_\_

PREFERRED DATE OF TOUR:    First choice \_\_\_\_\_

Second choice \_\_\_\_\_

PREFERRED TIME:

First choice \_\_\_\_\_

Second choice \_\_\_\_\_

GALLERY SESSION (Optional – an additional 30 minutes):    YES \_\_\_    NO \_\_\_

SPECIAL NEEDS:

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RETURN APPLICATION TO:

PARLIAMENTARY PROTOCOL AND PUBLIC RELATIONS

By fax: (416) 325-7489

Or call: (416) 325-7500