

ACTIVITY SCHEDULING FORM
(please schedule 2 weeks prior to activity)

Activity Type (choose one) Field Trip Assembly Class Activity

Classes Participating (choose one) Grade Level Teacher

Name/Description of Activity
(include destination and whether bus or walking)

Activity Date _____ **Activity Start Time** _____ **End Time** _____

Contact Person _____ **Phone** _____

Rooms Needed _____

Equipment Requests (specify number needed)

Microphones _____ Tables _____ Chairs _____

Projectors _____ Screen _____ Sound System _____

Special Requests _____

All costs associated with the trip (other than buses) _____

Money Collection Approved _____ **Amount per Student** \$ _____

Money Collection Denied _____ **Explanation** _____

Reminder checklist for activities:

1. Bus request for field trips
2. Notify Caralee Boren, kitchen manager, if your class or grade level will **not** be eating lunch. Special food requests need **3 week prior** notification.
3. Parental permission slips for all students (if leaving school grounds)

Principal Approval _____ Date _____