Maple Hills Elementary School
REQUEST FOR ACTIVITY APPROVAL & PLACEMENT ON MASTER CALENDAR
Check electronic Master Calendar for previously scheduled school activities before scheduling this activity

Activity: ____ Assembly ____ Field Trip ____ Special Activity   Proposed Date: _____ / _____ _____
                                                                                        Month   Day   Year

Request for: *Name the teachers or groups participating:*

    ____ *Grade Level:* _____ _____

    ____ *Class/Group:* _____

    ____ *Whole School*

Location:
____ Gym   ____ Classroom: _____
____ Library   ____ Field: _____
____ Multi-Purpose Room   ____ Hallway: _____
____ Parking Lot   ____ Other: _____
____ Off campus: _____

Schedule: Time   Activity   Location

    _____   _____   _____

    _____   _____   _____

Equipment Needed: ____ None   Number   Description or Special Setup Requirements
____ Chairs   _____   _____
____ Tables   _____   _____
____ PA System   _____
____ Other   _____

Transportation: ____ None   ____ District School Bus / Vehicle   ____ Commercial Bus Charter   ____ Walking

Time leaving school_____   Time returning to school_____

Participants: **Number**
    Students   _____
    Teachers/Staff   _____
    Parents / Chaperones _____
    Total   _____

Sonya will use this section to calculate FT fees for students/chaperones

Budget:

Revenue	Amount		Expenses	Amount
Cost per student:			Activity / Admission Fees	
Cost per parent:			**Transportation	
PTA Grant/roll over			Other/Parking, etc.	
TOTAL			TOTAL	

**Send Field Trip Workbook to Sonya for quote

Requested by: _____   **Date** _____

Office use below this line

____ Approved ____ Denied   Principal/Designee's Signature_____

Copies to:

____ Custodians ____ HR ____ Kitchen ____ Librarian ____ Music ____ PE ____ Reading ____ Counselor ____ MLL ____ SLP ____ BASC

____ Requester ____ Field Trip Extra