

APPLICATION FOR APPROVAL OF SCHOOL ACTIVITY

1. ACTIVITY _____

2. GRADE(S) INVOLVED (CIRCLE) 9 10 11 12

3. NAME OF ORGANIZATION, CLASS, OR CLUB MAKING APPLICATION

4. DATE(S) OF PROPOSED ACTIVITY _____

5. TIMES: BEGINNING TIME _____ ENDING TIME _____

6. DESCRIBE ACTIVITY BRIEFLY _____

7. IF USE OF THE SCHOOL BUILDING OR GROUNDS WILL BE REQUIRED, STATE ROOM(S) AND/OR AREA(S) TO BE USED

8. WILL SERVICE OF A CUSTODIAN BE NEEDED? _____

9. TRANSPORTATION ARRANGEMENTS _____

10. SIGNATURE OF FACULTY MEMBERS WHO HAVE AGREED TO ATTEND AND SUPERVISE ACTIVITY (Number of teachers will depend upon activity)

1. _____

2. _____

3. _____