Field Trip/Special Activity Request

Please submit to the Principal at least 20 days prior to the activity.
Date of Submission: ________________

STUDENTS ARE RESPONSIBLE FOR MAKING UP ANY WORK MISSED.

Organization_________________________ Type of Event_________________________
Location __________________________ Date(s)_____________________________
Time/ Periods _______________________
Admission Charge _________________ Grade Levels/Classes_______________________
(If applicable)

Chaperones (A minimum of one to every fifteen (15) students is required)
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Rehearsals Needed ________________________________(If so, please provide dates)
Emergency Contact ________________________________ (Name and Phone #)

Preparation Checklist (For activities in the school building or on school grounds)

1. ____ Equipment Requisitioned
2. ____ Decorations Arranged
3. ____ Tickets Printed
4. ____ Cafeteria Notified _____ Cafeteria Not Needed
5. ____ Ticket/Refreshments Tables – Number of Tables Needed____
6. ____ Security (please check if needed)
7. ____ Location Reserved – Name of Location ____________________________
8. ____ Clean-up Committee Appointed - Teacher/Sponsor in Charge ______________
9. ____ Members of Organizing Committee (names and phone numbers)
________________________________________________________

Method of Transportation (Check One and Complete Information)

PKY School Bus___________________ Departure Time ________ Return Time _________
Chartered Bus _____________________ Departure Time ________ Return Time _________
Private Vehicle ____________________

Sponsor’s Signature __________________ Date ________ Principal ___________ Date ________

Date for Action ___________________ APPROVED ________ DENIED ________
Field Trip/Special Activity Request

Completion of this side is only required for academic trips

Event Title
______________________________________________

Event Venue
____________________________________________________

Address
___________________________________________________

PKY Course Affiliation ____________________________________________

Learning Goal for Trip __________________________________________

Before Trip Activities __________________________________________

During Trip Activities __________________________________________

After Trip Activities __________________________________________

______________________________________________

APPROVED ________ DENIED __________

______________________________________________

Signature Principal Date

Please submit to the Principal for final approval.