

# Field Trip/Special Activity Request



Developmental Research School  
at the University of Florida

Please submit to the Assistant Principal at least 20 days prior to 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

\_\_\_\_\_  
Assistant Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date for Action

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

# Field Trip/Special Activity Request



Developmental Research School  
at the University of Florida

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 Assistant Principal

\_\_\_\_\_  
Date

Please submit to the Assistant Principal for final approval.