

## Ash Fork Joint Unified School Dist. #31

## Activity Request Form



## HAS THIS BEEN CLEARED ON THE CALENDAR?

This request car	nnot be approved unless all b	ooxed have been checked
Front off	fice Athletics	Facilities
<u>-</u>	- ·	o the Business Office at least <u>10 days</u> 1. <i>Off campus trips must have chaperone</i>
Date of Request:		
I (we),	hereby reques	t permission to conduct the following activity
Event or Activity:		
Date of Event:	Time of Event:	
Location of event:		
Purpose of Event: (The field trip must provid for the field trip. Some kind of follow-up should be pla		class and the teacher must list clear learning goals and objectives
If off campus: Have parent chaperon	nes been invited? (a	at least two)
Name:	Name:	
(Staff chaperones must be approved	d by the Superintendent):	
Are permission slips and participan	t roster attached? (must be turned	l in prior to leaving campus)
Special considerations: If Yes, d	lepartments must sign before su	ebmitting for approval
<u>Transportation:                                    </u>		
Food Service:   Yes   No	- indicate need:	
$Financial: \Box Yes \Box No$ - Purchase order (preferred) or credit card. Provide a copy of this request with your purchase requisition.		
Requestors signature:		
□ Approved □ NOT Approved (rea	ason):	
Superintendent signature:		
Transportation approval	Food Service Mgr.	approval
Business Mgr. approval	Entered on webs	ite event calendar: