



# MVHS Activities/Facilities/Field Trip Request Form

**Electronic form instructions:** Start typing your first response. Use TAB key to move to next field. **Instructions:** Complete Part A, B and C. The completed form needs to be printed and taken to appropriate personnel for signatures. Attach club meeting minutes approving event, along with any necessary paperwork. **Return signed forms to ASB or Becky Clark.** This form must be submitted at least **2 wks prior to event date (4 weeks** if you require transportation). Please be aware that Field trips on Fridays, prior to holidays, and during May may not be approved.

### PART A:

- 1. Today's Date: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_
- 2. Time of Activity: From \_\_\_\_\_ To: \_\_\_\_\_ Any conflicting events for this date/time/space? (call Becky Clark or check the school calendar)  yes  no  
 Or periods  0  1  2  3  4  5  6  After School
- 3. Name of Organization/Club: \_\_\_\_\_ Advisor/Requestor: \_\_\_\_\_
- 4. Room(s)/Area Requested: \_\_\_\_\_
- 5. Indicate any special setup required (podium, microphone, chairs, tables, lcd projectors, etc.): \_\_\_\_\_

### PART B (Event Info)

- 1. Type of Event: Activity  \*Fundraiser (any event with money collection)  \*\*Field Trip
- 2. Event Title & Description: \_\_\_\_\_
- 3. Location/Destination (field trips only): \_\_\_\_\_  
 Address (field trips only): \_\_\_\_\_
- 4. **How Many Adult Chaperones** (Check with Activities Director for number of chaperones required): \_\_\_\_\_  
**How Many Students will be attending:** \_\_\_\_\_  
*\*Fundraisers and ANY event where money will be collected must have all financial paperwork attached or your request will not be approved. (Revenue Potential, PO request, Invoices, Meeting Minutes, etc.)*  
*\*\*Field trips-* The district states that the trip originator must notify the health office at least 2 weeks in advance of a trip. In these cases, we recommend that teachers provide a list of all possible students who may attend a trip so the health office can research life threatening allergies like peanut butter and bee stings and ensure there are staff on the trip that can administer proper medications to those students, students with disabilities, and students with a medical need. If a student is in a wheelchair, the school must order a bus that has wheelchair access.  
 Health Office Requirement. I understand the requirement and will contact the health office with a list of students at least 2 weeks prior to the trip. \_\_\_\_\_ **Advisor initials**

### PART C (Field Trip Transportation)

- 1. Time leaving school \_\_\_\_\_ Time returning to school \_\_\_\_\_
- 2. Method of transportation:  School Bus  Charter Bus  Van  Walking  Other: \_\_\_\_\_
- 3. Number of vehicle(s) requested: \_\_\_\_\_ 4. Charge to: \_\_\_\_\_
- 5. Emergency Contact for field trip: \_\_\_\_\_ Phone #: \_\_\_\_\_

### PART D (Use of School Facility)

Use of gym and fields requires athletic director's signature. Use of MPR requires the performing arts chair approval. Use of library requires librarian's approval.

Athletic Director (Gym/field Use) \_\_\_\_\_ Date: \_\_\_\_\_

Perf. Arts Chair (MPR Use) \_\_\_\_\_ Date: \_\_\_\_\_

Librarian: (Library Use) \_\_\_\_\_ Date: \_\_\_\_\_

### PART E: (Administrative Approval)

- 1. Advisor: \_\_\_\_\_  Approved  Disapproved Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_
- 2. Bookkeeper: \_\_\_\_\_  Approved  Disapproved Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_
- 3. Activities Director (ASB): \_\_\_\_\_  Approved  Disapproved Date rec. in minutes: \_\_\_\_\_  
 Comments: \_\_\_\_\_
- 4. Administrator: \_\_\_\_\_  Approved  Disapproved Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Input in calendar by Becky Clark \_\_\_\_\_ on date: \_\_\_\_\_