



# STUDENT ACTIVITY REQUEST FORM

## Directions:

1. **Complete** the following:
  - a. General information
  - b. Part A (On campus)
  - c. Part B (Off campus)
  - d. Part C (Transportation)
  - e. Part D (For Administration)
2. **Save** the document using the sample format
  - a. (ie. "Request from Bruce-Debate" or "Request from Sheldon-CU Field Trip" or "Request from Morten-TechKnow Graduation").
3. **Email** saved document to your **Administrator** for approval and
  - a. **CC Stephanie Sanchez, Felicia Hawkins (Nurse), Mina Fernandez, Saul Hernandez**
  - b. *Once approved, Stephanie will place activity on MLK calendar and request transportation.*
4. **Confirm** with Stephanie ext.40485 5 days before activity to make sure everything is confirmed.

## General Information-----

Today's Date	Requesting Staff Member	Activity Name	Date & Time of Activity

- Have you checked the Master Calendar for conflicts? Yes No
- Have you discussed this activity's date, time, and students with impacted teachers? Yes  No  N/A
- Are there costs the school is expected to pay? Yes No
  - If **YES**, please contact [greg\\_park@dpsk12.org](mailto:greg_park@dpsk12.org)

Is this activity: On Campus-**Complete Part A**      Off Campus-**Complete Part B**

## Part A-On-Campus Activity -----

- Will more than 20 students miss lunch at school? Yes No  N/A
  - If **YES**, email [Mina\\_fernandez@dpsk12.org](mailto:Mina_fernandez@dpsk12.org) x40484, Cafeteria Manager
    - **[She needs 10 student contact days' notice.]**
- Do you require a room(s) other than your classroom? Yes  No
  - If **YES** to the above question, please mark which room(s) you would like reserved.Community Room   Commons   Cafetorium   Library (Ms. Hawkins)   Other \_\_\_\_\_
- Will you need facilities to do a particular set up? **[Please give 1 week notice]** Yes No  N/A
  - If **YES**, email [Saul\\_hernandez@dpsk12.org](mailto:Saul_hernandez@dpsk12.org)
    - Include specific instructions needed
      - Ie. 30 chairs in 3 rows of 10 and 3 non-cafeteria tables
- Do you need sound or technology?
  - If **YES**, email [Jason\\_URen@dpsk12.org](mailto:Jason_URen@dpsk12.org) x40532 for sound
- Will you need technology?
  - If **YES**, email [Kathleen\\_morten@dpsk12.org](mailto:Kathleen_morten@dpsk12.org) x40540 for technology



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## Part B-Off-Campus Activity -----

- Will there be more than 20 students out of the building over lunchtime?  Yes  No
  - If **YES**, contact Mina x40484, Cafeteria Manager, [**She needs 10 student contact days' notice.**]
- Do any students need medical care?  Yes  No
  - If **YES**, contact Felicia Hawkins x40477 for training that needs to occur regarding medical care.
- Is DPS Transportation needed?  Yes  No
  - If **YES**, contact [Christel\\_Gayles@dpsk12.org](mailto:Christel_Gayles@dpsk12.org) at Transportation x34620 to check availability and reserve a bus. Remember: (a) window for excursions are from 9:15 a.m. to 1:30 p.m.
    - Have you confirmed a bus **is** available for your excursion?  Yes  No
    - Complete **Part C**

## Part C-Transportation-----

Date and Time to pick-up from MLK	
Complete Address of Destination	
Phone Number of Destination	
Date and Time to pick up from Destination	
Number of Students + Adults	
Will the bus need to accommodate a disabled student?	

<b>Additional comments</b>

## Part D-Administration Information-----

**Please include the following information in your email:**

- 1) Number of students participating
  - a) Attach roster
- 2) Number/Names of chaperones
- 3) How were students selected for this activity/what criteria did they have to meet to participate?
- 4) What standards does this activity meet?
- 5) How does this activity lead to academic or social growth
- 6) What means will you use to communicate this activity
  - a) To parents
  - b) To students