

COTTONWOOD CLASSICAL PREPARATORY SCHOOL

REQUEST FOR OFF-CAMPUS ACTIVITY

In Town Activity - Submit two weeks prior to trip

Out of Town Activity - Submit three weeks prior to trip

Date(s) of Trip: _____ Time: _____ Grade(s) Level: _____ Number of students attending: _____

Destination: _____ Mode of Transportation: _____

Teacher/ Sponsor: _____ Cell Phone: _____ Number of adults attending: _____

Supervisory expectations:

- Authorization from Grade Rep (print name & signature): _____
- Middle School (6-8) one chaperone for every 10 students
- High school (9-12) one chaperone for every 15 students

IS THIS AN OVERNIGHT ACTIVITY: YES NO

Overnight activity requirements:

- Chaperones may only chaperone students of the same sex.
- Students may only room with students of the same sex.

Description of activity with instructional standards: _____

What provision will be made for meals: _____

What provisions will be made for getting students home if returning after school hours? _____

I certify that this activity is not promoted by a commercial interest for profit and that no sponsor or chaperone is receiving any form of compensation, payment, or reward from any outside interest, firm, or organization.

Sponsor Signature (print name and signature): _____ Date: _____

Approved by Director (signature): _____ Date: _____

Please complete the following after receiving activity approval at least one week prior to trip (each individual must initial when task is completed):

- _____ Provide list of students participating in activity and calendar request to Activities / Athletics Director.
- _____ Insurance, license, and registration submitted to Attendance Secretary or Cathy Gutierrez (office manager) for each private vehicle transporting students (background checks required for any non-staff adults).
- _____ CCPS permission forms have been signed by parents and collected.
- _____ PTO lunch providers have been notified to cancel or modify lunch orders for attending students.
- _____ Notify Attendance Secretaries and _____ Health Office / Nurse Assistant
- _____ Meet with Cathy Gutierrez (office manager) to complete the following financing information:

School Budget funds Activity funds Other: _____

Amount / Cost:\$ _____ Cost Account: _____ Requisition (P.O.):# _____

Please return copy of completed form to the Activities / Athletic Director and keep original for your records. Thank-you!