

# SCHOOL FUNCTION

Name of School Making Request \_\_\_\_\_

Grade Level/Class/Group Making Request \_\_\_\_\_

Location of Function \_\_\_\_\_

Proposed Date of Function \_\_\_\_\_

Proposed Time of Function \_\_\_\_\_ To \_\_\_\_\_

Number of Students Attending \_\_\_\_\_ Number of Supervising Adults/Teachers \_\_\_\_\_

Amount of School Time to be Missed (If Pertinent) \_\_\_\_\_

**District General Fund**       **Building**       **Other (PTA-O, parents, grants, Federal, etc.)**

Brief Explanation of Function (List Specific Events in Function) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: MUST BE SUBMITTED IN PLENTY OF TIME TO MAKE SURE THERE IS NO PROBLEM WITH COVERAGE OF LIABILITY INSURANCE.**

Sponsor/Teacher Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Principal's Recommendation \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Purchasing Agent's Recommendation \_\_\_\_\_

Purchasing Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's Recommendation \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Superintendent approval is required for field trips outside district boundaries***

***with the exceptions of IHSAA activities.***