



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT

TO: Members of the Board of Trustees

DATE: _____

FROM: _____

SUBJECT: **Request for Approval of Off-Campus Activity**

Overnight/Sunday?
Requires Board Approval

Who? -- Participating Club or Class

When? -- Date(s) of Activity

Where? -- Name of Destination/Venue

Departure Time Return Time

Address of Destination

Type of Activity

Means of Transportation

Estimated Cost Funding Source (ASB, Class,
Club, Sponsor, Site, etc.)

of Students # of Chaperones

Categorical? Authorization _____ ID# _____
Attach reference to SPSA

Name/Title of Chaperone in Charge

Budget Account #:

Chaperone Cell # for Emergency Contact (*internal use only*)

Req #: _____ Amount: \$ _____
Req #: _____ Amount: \$ _____
Req #: _____ Amount: \$ _____

** Attach all back-up documentation (event flyer, reservations, etc.)*

Names of Chaperones:

REMARKS: (*Write a brief statement related to the educational merit and extra-curricular value of activity to be approved. Quote SPSA, if Categorical*)

APPROVAL:

Chaperone in Charge (Signature) Date

Principal Date

Assistant Principal/Dean Date

Assistant Superintendent, Educational Services Date

Board Date: _____