

PINELLAS COUNTY SCHOOLS
REQUEST FOR ACTIVITY/EVENT/FIELD TRIP APPROVAL

Prior written approval by the principal/designee is required before initiating any school-connected activity, event, fundraiser, field trip, facility use, collection of funds, or request for operational support. Approval must be obtained before advertising the activity, collecting money, making commitments, requesting quotes, or submitting purchase requests.

1. GENERAL INFORMATION

School: _____ Cost Center #: _____ Date of request: _____
Requester/Sponsor: _____ Position/Role: _____
Organization/Club/Team/Department: _____ Phone/Email: _____
Activity/Event/Field Trip Name: _____
Date(s) of Activity (start – end): _____ Time(s): _____
Location (on campus or off campus): _____ ☐ On Campus ☒ Off Campus
Purpose of Funds Being Collected and Educational/Student Benefit:
(Include pre and post-field trip activities)

2. ACTIVITY CATEGORY (check all that apply)

☐ Athletic Event ☐ Cafeteria/M meal Request ☐ Conference/Convention ☐ Donation/Sponsorship
☐ Facility/Custodial Setup Request ☒ Field Trip ☐ Fundraiser ☐ Performance/Competition
☐ Plant Operations/Facilities Request ☐ Security/SRO Request ☐ Student Activity ☐ Technology/Software Request
☐ Other: _____

3. FINANCIAL INFORMATION

Will money be collected from students, parents, or others? ☐ Yes ☒ No
Money Collection Date(s) Range: _____ Amount to be Collected per Student (if applicable): \$ _____
Will SchoolCash Online be used? ☐ Yes ☒ No If no, describe collection method: Art Referendum Funding

4. FUNDING SOURCE (check all that apply)

☐ Booster/PTA Support ☐ District Budget ☐ Donation/Sponsorship ☐ Fundraiser Proceeds ☐ Grant Funds
☐ Internal Account ☐ Title I ☐ No Funds Involved ☒ Other: Art Referendum

Internal Account #: _____ District Account #: _____ Budget Owner/Approver: PreK-12 Visual Arts Department

Title I Approval Required? ☐ Yes ☒ No Grant Approval Required? ☐ Yes ☒ No

5. COST ESTIMATE/BUDGET BREAKDOWN

Cost Item	Estimated Cost	Funding Source	Student Cost Included? (Y/N)
Transportation	\$	Art Referendum	N/A
Admission/Registration	\$	Art Referendum	N/A
Lodging	\$		
Meals/Per Diem	\$		
Substitutes	\$		
Supplies/Materials	\$		
Other	\$		
TOTAL ESTIMATED COST	\$		

Number of Paying Students (if applicable): 0 Estimated Cost per Student: \$0
Amount charged to students must be based on documented estimated costs and may not materially exceed the amount necessary to cover the approved activity.

6. FIELD TRIP/TRAVEL/OFF-CAMPUS ACTIVITY

Destination/Venue: _____
Grade Level/Group: _____ Number of Students Expected: _____
Number of Staff/Chaperones: _____ Student to Chaperone Ratio: _____
Departure Date: _____ Departure Time: _____ Return Date: _____ Return Time: _____
Will students miss instructional time? ☒ Yes ☐ No Substitute Coverage Needed? ☐ Yes ☐ No
Out-of-County? ☐ Yes ☐ No Out-of-State? ☐ Yes ☐ No Overnight? ☐ Yes ☐ No

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7. REQUIRED ATTACHMENTS (check all that apply)

- | | | |
|---|---|--|
| ☒ Budget/Cost Breakdown | ☐ Certificate of Insurance (if required) | ☐ Club Minutes/Student Approval |
| ☐ Contract/Agreement | ☐ Donation/Sponsorship Documentation | ☐ Field Trip Itinerary |
| ☐ Flyer/Advertisement/Poster | ☐ Grant Approval (if applicable) | ☐ IT/Software Approval |
| ☐ Legal Review Approval (if required) | ☐ Lodging Quote | ☐ Meals/Per Diem Estimate |
| ☐ Permission Slip/Parent Communication | ☐ Plant Operations/Facilities Request | ☒ Registration/Admission Quote |
| ☐ SRO/Security Request | ☐ TDE Form | ☐ Title I Approval (if applicable) |
| ☒ Transportation Quote | ☒ Vendor Quote(s) | |

8. TRANSPORTATION PLAN WITH TRANSPORTATION QUOTE

- | | | |
|---|---|--|
| ☐ District Bus | ☐ Charter/Commercial Carrier | ☐ Parent/Guardian Transport |
| ☐ Staff/Personal Vehicles (if permitted by Policy) | ☐ Walking | ☐ Other _____ |

9. FACILITIES/CUSTODIAL/PLANT OPERATIONS REQUEST

Room/Area Requested: N/A

Date(s): _____ Time(s) Needed: _____ Number of People Expected: _____

Setup/Equipment Needed (tables, chairs, microphones, screens, etc.): _____

Custodial Support Requested? ☐ Yes ☒ No

If yes, describe: _____

10. TECHNOLOGY/SOFTWARE/EQUIPMENT REQUEST

Technology/Software/Equipment Needed: N/A

11. SECURITY/SRO REQUEST

Date(s): N/A Time(s): _____

Location: _____ Number of Deputies/Officers Requested: _____

Reason for Request/Descriptions: _____

12. CAFETERIA/MEAL SERVICE

Will cafeteria meals be impacted? ☐ Yes ☐ No Are bag lunches needed? ☐ Yes ☐ No

Number of Student Meals Needed: _____ Number of Adult Meals Needed: _____ Time Meals Needed: _____

Special Meal Instructions/Notes: _____

Cafeteria Manager Notified? ☐ Yes ☐ No Date Notified: _____

13. FINAL APPROVAL

Principal/Designee Decision:	Principal/Designee Comments/Conditions:
☐ Approved	_____
☐ Not Approved	_____

Requester Signature: _____ Date: _____

Principal/Designee Printed Name: _____

Principal/Designee Signature: _____ Date: _____

Approval of this request authorizes the activity to proceed as described. Any material change to the activity, date, location, purpose, funding source, amount collected, vendor, or schedule requires updated approval prior to proceeding.

Art Supervisor/Expense Authorizer Signature: _____ Date: _____