## SUNRAY ELEMENTARY SCHOOL

## ACTIVITY REQUEST FORM

Date of Activity	Time : FromTo		
Faculty Member In Charge of Activity:   Type of Activity:   (Guest Speaker, Field Trip, Special Event, etc.)			
		(Guest Speaker, Field III	p, special Event, etc.)
Number of Students Participating:	Cost to Students:		
Location:			
Mode of Transportation: Private Vehicle Charter Bus School Bus   Arrangements made for coverage of students who are not attending this activity: (Please send list of students to the office.)   Other Staff Members Attending this Activity:			
		Special Needs:	
		Areas affected by the activity, have been notified a if needed: (schedule changes, bagged lunches, physetc.)	nd alternate arrangements have been made,
		Cafeteria Clinic Media G ESE Art Music P.E Other	uidance A.L.L. Custodial
Signature of Requesting Staff Member	Date of Request		
Administrator's Approval	Date of Approval		
Revised Lunch Schedule by Administrator. Done	Original to : Mrs. Yerkey		