

**Frazer-Vergas Public Schools ISD#23
ACTIVITY / FACILITY / TRANSPORTATION REQUEST FORM**

ALL ACTIVITY/FACILITY/TRANSPORTATION REQUESTS MUST BE PRESENTED FOR APPROVAL AT LEAST TWO (2) WEEKS PRIOR TO THE DATE OF REQUESTED USE.

PLEASE FILL OUT ALL THE INFORMATION REQUESTED AND **SUBMIT TO YOUR BUILDING PRINCIPAL.**

Name of Originator of Request: _____ Date of Request _____
 Address: _____ Phone Number: _____
 Name of Group/Organization: _____
 * Supervisor (person in charge at the activity): _____

NAME OF ACTIVITY: _____
 * Date of Activity: _____ Number of participants: _____
 * Time activity begins: _____ * Time activity ends: _____
 * Chaperones: _____
 * Costs (anticipated): _____

FACILITY COSTS/NEEDS:

* _____ Classroom(s) \$50
 * _____ Kitchen/Cafeteria \$55 plus custodial costs
 * _____ Gyms \$50 plus custodial costs
 * _____ Commons \$50 plus custodial costs
 * _____ Other (please list): _____
 * _____ Other (please list): _____

*** Custodians are required to be on duty when the building is in use by a group or an organization. Custodial costs may only be waived by the Superintendent of Schools or his/her designee.

TRANSPORTATION REQUEST: BUS { } VAN(s) { } CAR { }

Name of Driver(s): _____
 Number of passengers (include the driver): _____
 Date needed: _____ Date to be returned: _____
 Time needed: _____ Time to be returned: _____
 Pick-up Location: _____
 Purpose of transportation: _____
 Destination of transportation: _____

APPROVAL:

Approved Disapproved

Elementary Principal	_____	_____
Secondary Principal	_____	_____
Superintendent	_____	_____
Facility Coordinator	_____	_____
Community Ed. Coordinator	_____	_____
Special Education Coordinator	_____	_____
Activity Director	_____	_____
Staff Dev. Chairperson	_____	_____
*FUNDING SOURCE	_____	

NOTIFICATION: Request Originator: _____ HS Principal: _____
 Activities Director: _____ Elem Principal: _____
 Supv. of Bus. Services _____ Custodian: _____
 Anderson Bus Co. _____