St. Petersburg High School
Fieldtrip/Competition or Activity away from School
Return to the Bookkeeper 4 weeks prior to the fieldtrip with all signatures.

Date Submitted: ____________________ Club/Organization: ____________________
Event: ____________________________ Purpose of Event: _______________________
Location of Event: __________________ Departing Date: ___________ Time: ____am/pm
Person supervising event: _______________ Returning Date: ___________ Time: ____am/pm
Number of students: __________________ Grade Level: _______________________
Cost per student: $ _______________ Number of Teachers attending: ____________
Number of Parents attending: __________

Field Trip/Activities Permission form completed and on file for each student attending — (PCS form 3-2718.)
(Attach a blank copy to this form): _______ YES
Student TDE form completed (signed by all teachers) and on file for each student attending. (Attach a blank
copy to this form): _______ YES

Sponsor’s signature: ___________________________ Date: _______________________

CHAPERONES— a maximum of 10 students per chaperone. (Overnight trips require male and female chaperones
if the students are male and female).
Chaperones must have a Volunteer Registration form on file at the school and be appropriately approved by the
District (PCS Form 2-2948A). Approval required a background search and may take up to 2 weeks.
All Drivers must have a completed Field Trip Vehicle Information Form on file (PCS Form 3-2719).

List All Chaperones below

<table>
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<tr>
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<th>PCSB Emp.</th>
<th>Driver</th>
<th>VR Form</th>
<th>FTVI Form</th>
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Must be signed by Family & Community Liaison: __________________________________________

TDE Submitted (PCS Form 3-650) _______ YES

How many Substitutes needed: _______ Who will pay for the Substitutes: _______________________

Must be signed by the Principal’s Secretary: ____________________________________________

Rental Vehicle: _____ (with insurance purchased) Private Vehicle: _____ (Form 3-2719 on file for each driver)

Approved: _______ YES _______ NO _______ ON HOLD Date: _______________________

Field Trip is on approved county list: _______ YES _______ NO (If not please submit additional forms)

Assistant Principal’s Signature: ___________________________ Date: _______________________


ST. PETERSBURG HIGH SCHOOL
ACTIVITY APPROVAL SHEET
TDE

REQUIREMENTS
1. The Activity Approval Sheet must be returned to room 106 three (3) days prior to the schedule absence.
2. The student is responsible for work missed. Work is to be turned in prior to the absence unless arrangements are made with the individual teacher.
3. The teacher may deny approval if the student has excessive absences and/or is behind in class work. Teachers are asked to review the Teacher Handbook for additional information.
4. All teachers must approve in order for the student to attend.

_________________________  ________________________
NAME                    DATE

Request permission to be absent from class on __________________________ for the

following purpose ____________________________ .

Sponsors Signature ____________________________

TEACHER APPROVAL
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________
6. ____________________________
7. ____________________________

TEACHER COMMENT

I understand that my student may miss one or more classes in order to participate in this activity.

_________________________
Signature of Parent or Guardian
St. Petersburg High School
REQUEST FOR ACTIVITY
Please note all requests MUST be submitted at least (2) TWO weeks prior to scheduled event.

Organization Name/Account number

Sponsor/Teacher

Type of Activity:

☐ Fundraiser (specify) _______________________________________________________________________

☐ On Campus Activity (specify and complete the bottom portion of this if you will need to use the facility) _______________________________________________________________________

☐ Fieldtrip (you will need to also fill out the field trip request form)

☐ Other (Please specify) _______________________________________________________________________

Intended Use of Profits. Be specific and make sure that it is in compliance with STATE guidelines and School Board policy.
________________________________________________________________________________________

________________________________________________________________________________________

Signature of Sponsor/Teacher

Date of Request

If money is to be collected for this activity, please see the bookkeeper for proper instructions for the collection of funds and any financial reports that may be required. All funds collected outside of the business office must be recorded on an official Pinellas County Receipt form and the money turned into the Bookkeeper by the next business day.
________________________________________________________________________________________

REQUEST FOR USE OF THE FACILITY
Complete this portion only if you are requesting to use the facility for your activity.

1. Area of the campus you are requesting to use.
   ☐ Gym
   ☐ Little Theater
   ☐ Other (please specify area/room #)
   ☐ Auditorium
   ☐ Cafeteria
   ☐ Stadium/Stewart Field
   ☐ Media Center

2. What equipment will you need?
   ☐ Projector
   ☐ Screen
   ☐ Podium
   ☐ Microphone
   ☐ Tables # ___
   ☐ Chairs # ___
   ☐ Monitor
   ☐ Other ____________________________________________

ACTION TAKEN ON THIS REQUEST

Approved ____________

Disapproved ____________

Signature of Principal or Designee ____________________________

Date ________________