**CHESTERFIELD COUNTY SCHOOL DISTRICT**
**REQUEST FOR APPROVAL**
**OF**
**SCHOOL/CLASSROOM ACTIVITY**

**School:** _____ **Date:** _____

**Date of Activity:** _____ **Location:** _____

**Time: Beginning** _____**Ending** _____

**Class(es)/Grade(s) Involved:** _____ **Number Students Involved** _____

**Sponsor(s)/Consultant(s):** _____

**Specific Transportation Source:** _____

**Description of Activity:** _____

_____

_____ _____
**Signature of Applicant** **Account Number To Be Paid From (If applicable)**

___ **Recommended for Approval**
___ **Not Recommended for Approval** _____
**Signature of Principal**

**Date:** _____

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___ **Instructional Activity** **Comments:** _____
___**Approved** ___**Not Appproved** _____

___ **Non-Instructional Activity** **Comments:** _____
___ **Approved**___**Not Approved** _____

_____ _____
**Signature of Director** **Signature of Superintendent (If applicable)**

_____ _____
**Date** **Date**

***This form should be submitted at least two weeks in advance.***