

## TEACHER ACTIVITY REQUEST FORM

Please complete this *Prior Approval* for your student activity and return to Denise in Mr. Diaz' office  
**at least 7 days before the scheduled event.**

**\*Field Trips cannot be scheduled during dead weeks or during testing dates for PSAT, Smarter Balanced, CAST, ELPAC, or AP – please refer to the quick reference guide for Santa Maria High School. \***

Teacher/Advisor(s): \_\_\_\_\_ Club/Organization: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ (Please see school year calendar on back)

Period(s): ☐ 1<sup>o</sup> ☐ 2<sup>o</sup> ☐ 3<sup>o</sup> ☐ 4<sup>o</sup> ☐ 5<sup>o</sup> ☐ 6<sup>o</sup> ☐ 7<sup>o</sup> ☐ FULL DAY

Forms Needed: ☐ Pre-arranges ☐ Liability/Medical Release

Approximate time of departure: \_\_\_\_\_ AM / PM \_\_\_\_\_  
Day/Date

Expected time of return: \_\_\_\_\_ AM / PM \_\_\_\_\_  
Day/ Date

Meeting point of departure: \_\_\_\_\_ Return: \_\_\_\_\_

Transportation: ☐ School Bus ☐ Charter Bus ☐ School Vehicle/s ☐ Private Vehicle/s  
☐ Rental ☐ Other: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Number of students attending: \_\_\_\_\_

Supervisor/Advisor of Activity: \_\_\_\_\_

Emergency contact #: \_\_\_\_\_

**\*NOTE: PRE-ARRANGE AND/OR MEDICAL LIABILITY RELEASE FORMS WILL NOT BE PROVIDED  
UNTIL TRIP IS APPROVED BY ADMINISTRATOR.**

*For office use only*

Approved/Denied \_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

☐ Forms issued \_\_\_\_\_ ☐ Calendar ☐ Copy to DO (Out of State/Country Field Trips)

Revised: Drobles  
8/24/2021