



Longleaf Activity Request



Date of request: _____

Person requesting: _____

Other staff involved: _____

Location of activity: _____

Date of Activity: _____

Time of Activity: _____

Name of Activity: _____

Activity:

- Field Trip (pick up a packet)
- Speaker
- Student Program
- Staff Activity
- Family Activity
- Other: _____

Info:

- Students: # _____
- Teachers: # _____
- Other staff: # _____
- Volunteers needed: # _____
- Transportation mode (field trip)

Special Needs: (Be Specific)

- Cafeteria _____
- Custodial _____
- Specials _____
- Clinic _____
- Bookkeeper _____
- Media _____
- PLACE _____
- Other _____

Marquee

Starting date: _____

Ending date: _____

Message: _____

- Approved
- Not Approved

- Add to Family Calendar
- Add to Faculty/Staff Calendar

Administrator signature

Entered on Calendar: _____