

Mississippi Schools For the Blind and the Deaf Activity Request Form

MSB MSD On Campus Off Campus

Person Making Request _____ Request Date _____

Activity Start Date _____ Begin Time _____ Activity End Date _____ End Time _____

Activity Description _____ Visiting Organization/Team (If needed) _____

Number of Guest ____ Location _____ City, State (If Off Campus) _____

Departure Time/Date _____ Arrival Time/Date _____

Students/Supervisor/Chaperones

Person in charge of Activity _____ Cell Phone # _____ Lodging Location(s) _____

Security

Yes No If yes, pick schedule. Regular Schedule Other _____

Transportation

Bus and School Vehicle Numbers(s) _____ Driver(s) _____

Notes: _____

Health Services

(Contact Clinic to Verify Services Before Completing)

Health Services Required? Yes No On-Call Travel Date/Time(s) _____

Description (If Needed) _____ **(Pickup Meds 30 Minutes Prior to Departure)**

Food Service

Eating in Cafeteria? Yes No If no, who will provide food Staff Off Campus(Name) _____

	Dates and Pickup Times	Number of Students	Number of Guest
BreakFast			
Lunch			
Dinner			

Notes: _____

Administrative Signatures

Director or Principal _____ COS Division Director _____

MSB Superintendent _____ **(Both Signatures Only Needed For Joint/Shared Facilities)**

MSD Superintendent _____ Gym, Auditorium, Cafeteria, Football
Field, Etc.

Do Not Submit 10 School Days Prior to the Activity. For Facility Use and/or Custodial Request, Complete Form.

STUDENTS

1	31
2	32
3	33
4	34
5	35
6	36
7	37
8	38
9	39
10	40
11	41
12	42
13	43
14	44
15	45
16	46
17	47
18	48
19	49
20	50

STAFF

21	1
22	2
23	3
24	4
25	5
26	6
27	7
28	8
29	9
30	10