

**Kotzebue Middle High School
Activity Application**

Date Application Submitted _____

Type of Activity _____ **KMHS Specific Location** _____

Date of Activity _____ **Beginning Time** _____ **Ending Time** _____

Sponsoring Organization _____

Requirements for Event to take place.

1. 4 Chaperones/Sponsors (minimum age 21) are required for all activities.

1.(name) _____ 2.(name) _____

3.(name) _____ 4.(name) _____

2. **Gate/door security 1 chaperone for the entirety of the activity**

1.(name) _____

Note: Students who enter the activity are not allowed to leave the activity if the students exit the building they are not allowed re-entry to the activity

3. **Additional student workers (if applicable)**

1.(name) _____ 2.(name) _____

4. **Date and time of cleanup** _____ **setup** _____

5. **Organizations officer** (printed name) _____ **Signature** _____

6. **Phone #** _____ **Email** _____

Office use

Application Approved _____ YES _____ NO

Principal or Assistant Principal (signature) _____

Note:

- All activities at KMHS must comply with city designated curfew laws 10pm weekday and 12pm weekends for school age children.
- The conclusion of the activity must occur 1 hour prior to curfew.
- A cleanup fee will be applied if cleanup is inadequate.
- NWABSD student/parent handbook rules are enforced
- Key Check out and return occurs in the high school office

A completed trip itinerary must be attached to this Travel Plan prior to submission for approval.

Out of District Travel Form

General Information:

School _____ Travel Dates _____

Destination _____

Purpose of Travel _____

Number of Students _____ Grade Level of Students _____

Number of Adults _____ Number of Certificated Adults _____

Method(s) of Travel _____

Travel Expenses:

Funding Source(s) _____ Transportation _____

_____ Amount \$ _____ Lodging _____

_____ Amount \$ _____ Other _____

_____ Amount \$ _____ Total _____

Approval:

Approval of the Principal:

_____ Date _____

Approval of the Superintendent: (For Out-of-District and Out-of-State travel only.)

_____ Date _____

Approval of Director of State and Federal Programs (Federal funds only. This travel must be approved six weeks in advance.)

_____ Date _____