Bell High Activity Clearance Form

Step 1* WHO?

Name of club, Group, Team, Etc. Sponsoring the Activity _____
Name of the Faculty Advisors, Sponsors or Coaches _____
Signature of the Faculty Advisor, Sponsor or Coach _____
Number of students participating:
Number of Club, Group, Team Members: _____
Number of Non-Members (if any): _____
Total Number of students Participating: _____

STEP 2 * WHAT? & WHERE?

Activity being planned: _____
Brief Description: _____
_____
Location of Activity: _____

Identify possible dates & times for activity: _____

Activity Approval: _____
Mr. Janssen, Assistant Principal APO

Step 3 * CLEARENCE (FROM ALL IMPACTED DEPARTMENTS AND/OR OFFICES)

a) Signature of the respective department and/or office supervisors are required and must be obtained before the activity is officially approved.
b) If a department and/or office is not impacted by the activity write "N/A" on the blank.

Obtain each of the following signatures as needed:

Aud: Lighting & A/V Equipment _____

Cafeteria/ Food Services _____
Mr. Catherill

Testing/Tables/Chairs _____
Mr. O. Jung

Athletic Facilities: _____
P.E. Department Chair

Title One Resources: _____
Mr. Campbell

Custodial Time: _____
Plant Manager

Leadership: _____
Mr. Moreno/ Ms. Zamani

Library: _____
Ms. Salanoa

Other per APO: _____

STEP 4 * FINAL APPROVAL Return completed form to Dr. Williams in S-8 to officially schedule activity on calendar and obtain final approval.
File Name: BHS Activity Clearance Form. Approved _____
Dr. Williams, Assistant Principal