

Group Educational Activity Request Form

(For use by anyone requesting a GEA to be set-up. Use one per date)

Submit completed form to your ES for electronic entry.

Date of Request: _____ Requested Activity Date(s): _____

Activity Time: _____ Length of Activity: _____

Contact Person's Name: _____ School: _____

Contact Person's Phone Number: _____ E-mail: _____

Vendor Contact Name: _____

Phone Number: _____ E-mail Address: _____

Activity Address: _____

Activity Description: _____

Activity Cost per Student: _____ Grade Level: _____

Minimum Number needed: _____ Maximum Number Allowed to Attend: _____

Information:

1. Each person transporting students other than their own will need to complete a Vehicle Usage form.

3. Each student will need a completed 2 page permission form, collected by the contact person, and mailed to the office prior to a check being processed for this GEA.