|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| logo.jpg | LOS ANGELES UNIFIED SCHOOL DISTRICT | |  |  | |
|  | |  |  | |
|  | Hollywood High School |  | Alejandra M. Sanchez  Principal | Mr. Sam Dovlatian  Assistant Principal |
|  | 1521 N. Highland Ave.  Los Angeles, CA  Tel: (323) 993-1700  Fax: (323) 957-0238 |
|  |  | Randall Fenderson  Leadership Advisor | Student Body President |
|  |
|  |  |  | |

**MASTER ACTIVITY REQUEST FORM**

**TO ALL FACULTY/STAFF: DATE:** \_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS:** **This form is to be completed and submitted to Mr. Sam Dovlatian, Assistant Principal for approval at least two weeks prior to the activity for all events to be held on the school campus before, during or after school hours.**

**(1) Obtain signatures of sponsors (2) Obtain all signatures necessary for approval in the Approvals Section. For use of the school facility(ies) for non-school organizations and/or fundraising, you may need to contact the Facilities Services Division, Civic Center Permits or the Office of Risk Management for leasing, civic center permits and/or insurance requirements.**

**NAME OF ACTIVITY/EVENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post this on the school calendar (online) Yes☐ No☐ Post this to the PA Announcements (1st Period) Yes☐ No☐**

**Date(s) of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Day (Circle): M T W Th F Time of Activity:** \_\_\_\_\_\_\_\_\_\_\_\_ **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_

**Sponsored By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club President’s Signature Sponsor (1) Signature Sponsor (2) Signature

**NOTE: The Sponsor(s), by their signature ABOVE agree to be present for supervision during time of activity. If the**

**SPONSOR(S) cannot be present, then a faculty replacement must be obtained prior to event.**

**\* Fundraiser activities require approval and/or clearance from the Student Store.**

**\*\* Events scheduled on weekday evenings or weekends for the gym/athletic fields require approval and/or clearance.**

|  |
| --- |
| **BRIEF DESCRIPTION OF ACTIVITY**  ***(Describe the activity IN FULL. Please attach a budget identifying expenses and estimated profit if money is involved).*** |

**APPROVALS:** (Signature indicated approval. Obtain signatures in the order indicated.)

1. Leadership (Mr. Fenderson): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

2. SLC Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

3. Supervision/Security (Mr. Dovlatian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervision: Activity will be supervised by the teachers who have signed below: (attach any additional names)

A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. School Police:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**\*** 5. Finance (Ms. Jalos): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

6. Cafeteria Manager (Mr. Galicia): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

7. Stage Technician/AUD (Dr. Sannah): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*** 8. Athletic Permits (Mr. Grijalva) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

9. Plant Manager (Mr. Muniz): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Entered on Master Calendar:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mr. Sam Dovlatian, Assistant Principal Mr. Salvador Hermosillo**

**Title 1/EL Coordinator**