

Today's Date: \_\_\_\_\_

Approved / FYI



# THE KING'S ACADEMY

## 2024-2025 OFF CAMPUS Activity Request

All TKA-related Activities are expected to be conducted in a manner that **honors God** and **supports the mission** of the school. If the nature of this Activity does not support both, future requests will be subject to disapproval.

**NOTE: Events must be approved by the appropriate administrator at least 3 weeks prior to the event. Events should not be promoted until they are approved**

### ACTIVITY DETAILS

Group requesting the Activity: \_\_\_\_\_ # of Students: \_\_\_\_\_

Event Description: \_\_\_\_\_

Event Location: \_\_\_\_\_

Activity Date(s): (Calendar is on reverse side for reference) \_\_\_\_\_

Time: From: \_\_\_\_\_  am  pm To: \_\_\_\_\_  am  pm Leaving from TKA?  Yes  No

### ACTIVITY TRANSPORTATION/CHAPERONE DETAILS

**(ALL DRIVERS MUST BE APPROVED THROUGH GABRIELLE BABIN; PARENTS MUST BE "VOLUNTEER APPROVED THROUGH GABRIELLE BABIN")**

#### Transportation:

Check all that apply:  School Van  Private Vehicle  Walk Other: \_\_\_\_\_

Chaperone Staff/Parent Names: (Ratio should be 1 adult to 15 students)

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

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

### COST INFORMATION

Who is paying for this activity? N/A - No cost  Student  School from budget account #: \_\_\_\_\_

**\*If there is a cost, attach a budget or fill out reverse - cost-related Activity forms will not be accepted without a budget**

### REQUESTOR / APPROVER INFORMATION

Requestor name: \_\_\_\_\_ Department lead signature: \_\_\_\_\_  
(required for class requests)

ACKNOWLEDGEMENTS	Initial and Date	APPROVAL	circle Y/N	Initial and Date
Operations Specialist	_____	JH Principal	Y N	_____
Director of Operations	_____	HS Principal	Y N	_____

Remarks

# Activity Budget Worksheet

With the understanding that a budget is simply a plan on spending money, please project, as accurately as possible, anticipated sources of income, and anticipated expenses. **BOTH TOTALS SHOULD MATCH EACH OTHER.**

## Income Sources

## Amount

	Sample: Class Budget	Amount
1.		\$
2.		\$
3.		\$
Total		\$

## Estimated Expenses

## Amount

	Sample: Ticket Price \$10 x 100 students	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
Total		\$

## 2024-25 SCHOOL CALENDAR

Shaded days represent "NO SCHOOL" days or weeks,  
testing and all-schools events or activities

August						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

October						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	29	29	30	31

November						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January						
S	M	T	W	T	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	29	29	30	

May						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31