



Jon J.P. Fernandez  
Superintendent

*Okkodo High School provides a respectful environment for quality learning  
that builds knowledge and skills to succeed in the 21<sup>st</sup> century.*

Guam Department of Education  
Okkodo High School  
660 Route 3  
Dededo, Guam 96929  
Tel: 671-300-1870



Begona S. Flores  
Principal

**Activity/ Fundraiser Request Form**

Date of this Request: \_\_\_\_\_ Name of Club/ Organization: \_\_\_\_\_

Activity/ Fundraiser Description (List items to be sold and their prices if applicable. Use another sheet of paper if more space is needed):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Start Date of Activity: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ End Date of Activity: \_\_\_\_\_

Place: \_\_\_\_\_

Facility Clearance:  Approved  Disapproved

Business Office Signature: \_\_\_\_\_

Justification for Activity (reference objective listed in charter):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sponsors/ Advisors for the Event (Print & Sign):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Assurance/ Accountability: By signing below, the President, Treasurer, and Advisor assure that:

1. All monies raised during this activity will be deposited on the day of the activity (if held during the school day) or the next school day (if held during evening hours or weekends).
2. An Advisor will be present at all times during the activity including set up, clean up, and until the last student participant leaves.
3. If necessary, an Advisor will obtain and keep a parental permission form for each member participating in the activity.
4. If necessary, the use of school facilities and equipment will be coordinated with the Business office.
5. Food/ snack sales for students will not be conducted during the regular school day which begins at 7:45am until 2:00pm.
6. An official meeting was held in which this activity was approved and the Secretary has meeting minutes & attendance for reference.
7. Any trash generated during the activity must be thrown inside the trash compactor or a cleaning penalty will be assessed.
8. Failure to follow items mentioned above may result in suspension of future activities and/or financial penalty.

\_\_\_\_\_  
 President Print/ Sign      Treasurer Print/ Sign      Advisor Print/ Sign

Approval by: \_\_\_\_\_ Date \_\_\_\_\_  
Activities Coordinator Date

**Administrator Authorization:**

Approved  Pending  Disapproved \_\_\_\_\_  
Administrator, Student Activities

Notes:

Rita Flores  
Assistant Principal

Emily Meno  
Assistant Principal

Sarah Valencia  
Assistant Principal

Angelo Barcinas  
Assistant Principal



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**Clubs & Organization Activity  
Parental Permission Request Form**

Dear Parent/ Guardian:

Your permission is requested for your son/ daughter, \_\_\_\_\_ to participate in an  
activity sponsored by the \_\_\_\_\_.  
Name of Organization

The activity will be held at \_\_\_\_\_ on \_\_\_\_\_  
Place Date

from \_\_\_\_\_ to \_\_\_\_\_  
Time Time

The purpose of this activity is to:

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Important Note: Students participating in this activity must provide their own transportation to and from the activity on the designated date(s) and time(s). Participants will be under the close supervision of the club advisors. The school will take reasonable responsibility for your child provided he/ she is in their best behavior and follows all instructions from Advisors/ Chaperones. The school will not be held liable otherwise. All school rules apply for this activity.

Club President \_\_\_\_\_

Club Advisor \_\_\_\_\_

Activity Coordinator \_\_\_\_\_

Administrator \_\_\_\_\_

I give my child permission to participate in the activity/ fundraiser mentioned above.

Print: Parent/ Guardian Name \_\_\_\_\_

Signature: Parent/ Guardian \_\_\_\_\_

Contact Number \_\_\_\_\_