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Approved 02/24/2025

BULLETIN No.: I-401 *Effective date March 1*,2025

### STANDARD PRACTICE BULLETIN

SCHOOL BOARD OF BROWARD COUNTY, FL

DIVISION: FINANCE & OPERATIONS DEPARTMENT: INTERNAL FUNDS

Revised February 24, 2025

SUBJECT: STUDENT ACTIVITIES GENERAL PROCEDURES

#### STUDENT ACTIVITIES GENERAL PROCEDURES

#### **PURPOSE**

#### **TOPICS IN BULLETIN:**

- I. RESPONSIBILITIES
- II. ACTIVITY APPROVAL FORM
- III. PROCESS UPDATES

# REVISION HISTORY

**EXHIBITS REFERENCED:** 

I. EXHIBIT 1 (ACTIVITY APPROVAL FORM)

#### **PURPOSE:**

This bulletin outlines the general procedures for student activities. The responsibilities of the Principal and Sponsors are outlined here along with the purpose of the Activity Approval Form (AAF).

#### STUDENT ACTIVITIES GENERAL PROCEDURES

#### I. RESPONSIBILITIES

#### A. PRINCIPAL

State Board Rules and School Board Policy 3410 require ALL financial transactions related to student activities be recorded in the Internal Funds of the school. This is described specifically as, "all monies collected or disbursed by school personnel or by students within a school, in connection with the school program, for the benefit of that school, a class, club, department, employee [sunshine/faculty accounts/ staff appreciation], or student, shall be recorded in the school's internal funds."

Board Policy 6206 requires the approval of the Principal for any solicitation of funds from the public (including candy sales). Additionally, the Principal of the school has the overall responsibility for vetting and approving all activity organizations, the assignment of sponsors, and the control of all activities in accordance with State Regulations and School Board Policy 5201.



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#### **B.** ORGANIZATION SPONSOR

Each student club or activity is required to have a Principal approved employee **SPONSOR**, who will be responsible for:

- i. Training and supervising the students in the conduct of their activities.
- ii. Ensuring all monies and records related to the activities are properly controlled, receipted, and deposited in the internal funds.
- iii. Preparing any required financial reports. To facilitate this, a separate account may be established for the activity. The sponsor, in collaboration with the bookkeeper or budget support specialist, will designate transactions to be recorded in the organization's accounts.

Teachers or sponsors are required to deliver the funds directly to the bookkeeper or budget support specialist.

#### II. ACTIVITY APPROVAL FORM

Policy 6206 requires prior approval of the principal, or their designee, before any activity or event takes place. This prior approval must be documented on the appropriate version of the Activity Approval Form (AAF) (Exhibit 1) signed by both the Bookkeeper and the Principal, or their designee's, signature. This form should be completed for all special activities (e.g., dances, celebrity ball games), fundraising activities (e.g., car washes) and merchandise sales (e.g., concessions, candy, magazines).

#### III. PROCESS UPDATES:

The Business Support Center is responsible for updating this Standard Practice Bulletin as needed.

For further questions or resources with this bulletin, please contact Business Support Center at 754-321-0630.

#### **Revision History:**

Revised: FEB 2025 by DIRECTOR, BSC Approved: FEB 24, 2025, by CHIEF OPS/FAC

THE SCHOOL BOARD OF BROWARD COUNTY, FLOF ACTIVITY APPROVAL FORM (AAF)  Activity #	ocument**	
This form must be completed and submitted to Administration at least two weeks prior The original form is submitted to the Bookkeeper / Budget Support Specialist to Requesting Location:  Requesting Location:  Sponsor Name:  Type of Activity:  Type of Activity:  Dues  Post Online:  Post Online:  Post Online:  Post Online:  Type of Activity:  Post Online:  Type of Activity:  Date:  Type of Activity:  Dues  Post Online:  Post Online:  Post Online:  Post Online:  Type of Activity:  Post Online:  Type of Activity:  Post Online:  Type of Activity:  Post Online:  Post Online:  Type of Activity:  Post Online:  Yes:  No:  End Date:  End Date:  EmpLOYEE EMAILS  All teachers/staff members listed below will be set up to receive online payment of the	MDA	
The original form is submitted to the Bookkeeper / Budget Support Specialist to  Requesting Location: SELECT SCHOOL NAME	Created:	3/1/2025
Sponsor Name:  Type of Activity: Dues  Requesting Organization: OTHER  Brief description of dues. (ie., club t-shirts, tournaments, uniforms, local dues etc).  Activity Date(s): 1st Choice: Start Date:  2nd Choice: Start Date:  EmpLoyee EMAILS  All teachers/staff members listed below will be set up to receive online payments and documentation for club/activity description.  Please provide any information and documentation for club/activity description.  Please provide any information and documentation for club/activity description.  Activity Type:  See Club / Activity Type:  See Club / Activity Type:  See Sprice:  \$ 0.00  ACTIVITY PRINCIPAL DESIGNEE PRE-APPROVAL  Name:  BOOKKEEPER / BUDGET SUPPORT SPECIALIST APPROVAL  Date:		
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Activity Date(s): 1st Choice: Start Date: End Date:		
Please provide any information and documentation for club/activity des Club / Activity Type:  se Price:  \$ 0.00  The Information:    ACTIVITY PRINCIPAL DESIGNEE PRE-APPROVAL		
Please provide any information and documentation for club/activity des Club / Activity Type:  se Price:  \$ 0.00  The Information:    ACTIVITY PRINCIPAL DESIGNEE PRE-APPROVAL		
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All teachers/staff members listed below will be set up to receive online payme  Please provide any information and documentation for club/activity described in the set of the s	Approved.	
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TO BE FILLED OUT BY THE BOOKKEEPER / BUDGET SUPPORT SPE	CIALIST	

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			/ITY APPRO		OUNTY, FLO (AAF)	DKIDA		
Activity #						Cre	ated:	3/1/2025
This form must be	e completed a	and submitted	to Administr	ation at least	two weeks pr	ior to the s	tart of	the activity.
The origi	nal form is su	ıbmitted to the	Bookkeeper	Budget Supp	oort Specialist	to maintain	for au	dit.
l. Requesting Locati	on: SELECT	SCHOOL NAN	ИE		- (	Grade:	Gro	oup:
2. Sponsor Name:			Cl	ass/Club Nam	e:			
B. Type of Activity:	Fundraiser		· Po	ost Online: Y	es: No:	On-site	Yes:	No:
4. Requesting Organ	ization: OTH	ER			·			
5. Brief description of	of the fundrais	er, including ho	w the raised fu	ınds will be us	sed.			
6. Activity Date(s):	1st Choice: S	start Date:		End Date:		Appro	ved:	
	2nd Choice: S	Start Date:				Appro	ved:	
		Report or Stater keeper / Budge						onsor and
submitte ndraiser Type:	ed to the Book	keeper / Budge	t Support Spec	ialist ten days	upon conclusio	n of the fund	lraiser.	onsor and
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submitte  ndraiser Type:  es this class/club or  ndraiser Cost:  Store Information:  Designee: SELECT DE	department ha	ACTIVITY PH Name:	sing reports out RINCIPAL DE	ialist ten days standing? SIGNEE PRE-	Yes:	n of the fund	lraiser.	onsor and
ndraiser Type:  es this class/club or ndraiser Cost:  Store Information:  Designee: SELECT DE	department ha	ACTIVITY PH Name:	sing reports out	ialist ten days standing? SIGNEE PRE-	Yes:  APPROVAL  IALIST APPRO  Date:	n of the fund	lraiser.	onsor and
	department ha	ACTIVITY PH Name:	Sing reports out  RINCIPAL DE	ialist ten days standing? SIGNEE PRE- PPORT SPEC	Yes:  APPROVAL  IALIST APPRO  Date:	No:	lraiser.	onsor and

Revised 3/1/2025	**Select Activity Type & p			
	THE SCHOOL BOAR	<b>D OF BROWARD CO</b> Y APPROVAL FORM		
Activity #	ACTIVIT	THIROVALIORN	Create	ed: 3/1/2025
		A desirate and least	4	-4 - 6 414114
	completed and submitted to anal form is submitted to the Boo			
Requesting Location	on: SELECT SCHOOL NAME		Grade:	Group:
	322201 30110 32111112			
	Commission Based Fundraiser			Yes: No:
4. Requesting Organiz		Tost onine. To	7	110.
	f the fundraiser, including how the	he raised funds will be use	-d	
. Biter description of	the fundament, meruding new tr			
<u> </u>				
6 Activity Date(s):	1st Choice: Start Date:	End Date:	Approve	d: 🔲
	2nd Choice: Start Date:			
endor Name:	Provide any vendor so the second seco	supporting documentation	if applicable.  Yes: No:	1
undraiser Cost:	\$ 0.00	reports outstanding:	110.	
-Store Information:				
Store information.				
	ACTIVITY PRINC	CIPAL DESIGNEE PRE-A	APPROVAL	
Designee: SELECT DES				
-	BOOKKEEPER / BU	UDGET SUPPORT SPECI		
Signature:	PRINC	CIPAL APPROVAL	Date:	
Signature:			Date:	
	TO BE FILLED OUT BY THE B	OOKKEEPER / BUDGET	SUPPORT SPECIALIST	
Great Plains Account #:		Account Name:		

Revised 3/1/2025 **Select Activity Type & press TAB to fully customize the AAF document**				
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA ACTIVITY APPROVAL FORM (AAF)				
Activity # Created: 3/1/2025				
This form must be completed and submitted to Administration at least two weeks prior to the start of the activity.  The original form is submitted to the Bookkeeper / Budget Support Specialist to maintain for audit.				
1. Requesting Location: SELECT SCHOOL NAME Grade: Group:				
2. Sponsor Name: Class/Club Name:				
* 3. Type of Activity: Field Trip Post Online: Yes: No: On-site: Yes: No:				
4. Requesting Organization: OTHER				
5. Brief description of field trip (out of state, local, overnight, water related etc).				
6. Activity Date(s): 1st Choice: Start Date: End Date: Approved: Approved: Approved: Approved: Approved:				
2nd Choice: Start Date: End Date: Approved:				
Field trips that are out of the tri-county area, overnight, or water-related must be submitted 60 days in advance for district approval.  Destination:  BCPS Central #: BCPS Initial Approval: BCPS Final Approval:  Estimated Headcount: Students: Chaperones: Adults: Cap Headcount: Yes: No: Stimated Collection Dates:  Payment Method: Field Trip Cost: \$0.00  Example Transportation Type: Select Transportation Type  Bus Count:				
ADA Accomodation: Yes: No: E-Store Information:				
ACTIVITY PRINCIPAL DESIGNEE PRE-APPROVAL				
Designee: SELECT DESIGNEE Name:				
BOOKKEEPER / BUDGET SUPPORT SPECIALIST APPROVAL				
Signature: Date:				
PRINCIPAL APPROVAL				
Signature: Date:  TO BE FILLED OUT BY THE BOOKKEEPER / BUDGET SUPPORT SPECIALIST				
Great Plains Account #: Account Name:				

Students:	Participation Details:
	Chaperones - Complimentary (per vendor): Extra (included in student cost): 10
Adults (paying):	Notes:
	Destination Details
Destination:	Activity:
Address:	Phone:
	Meal Details
Meals Requested:	Breakfast: Dinner:
Notes:	
	Hotel Details
Hotel Accommodations	s - Price Range: Low: (ex. Days Inn) Mediun: (ex. Holiday Inn, Hilton)
Security guard required?	? Yes: No:
	Bus Details
	Leave School Arrive at Destination Leave Destination Arrive at School
	Ecave School Affive at Destination Ecave Destination Affive at School
NOTE: SBBC hiseas are as	vailable between the hours of 9:30am to 1:30pm, after 4:30pm and on weekends. Requests for times outside of these hours may
	for which will affect student cost.
	22 seats (Elementary: 3 per seat/ 65 passengers; Middle: 2-3 per seat/ 50-55passengers; High: 1-2 per seat/ 38-44
passengers) Maximum 3 wheelchairs an	ad 14 seats.
Towns to the Towns (	Colored Thomas and all an Thomas
_	Select Transportation Type
	Nama
v endon Haver Agent I	Name:
	Name:
Bus Breakdown:	
Bus Breakdown:	+ # of Wheelchairs: + # of Adults: = Total Passengers:0
Bus Breakdown:  Bus 1 - # of Passengers:  # of Harnesses:	+ # of Wheelchairs:
Bus Breakdown: Bus 1 - # of Passengers:	+ # of Wheelchairs: + # of Adults: = Total Passengers:0
Bus Breakdown:  Bus 1 - # of Passengers:  # of Harnesses:	+ # of Wheelchairs:
Bus Breakdown:  Bus 1 - # of Passengers: # of Harnesses:  Bus 2 - # of Passengers: # of Harnesses:	+ # of Wheelchairs:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       - Total Passengers:       0
Bus Breakdown:  Bus 1 - # of Passengers:  # of Harnesses:  Bus 2 - # of Passengers:	+ # of Wheelchairs:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       + # of Adults:       = Total Passengers:       0
Bus Breakdown:  Bus 1 - # of Passengers: # of Harnesses:  Bus 2 - # of Passengers: # of Harnesses:	+ # of Wheelchairs:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       - Total Passengers:       0
Bus Breakdown:  Bus 1 - # of Passengers: # of Harnesses:  Bus 2 - # of Passengers: # of Harnesses:  Bus 3 - # of Passengers:	+ # of Wheelchairs:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       + # of Adults:       = Total Passengers:       0
Bus Breakdown:  Bus 1 - # of Passengers: # of Harnesses:  Bus 2 - # of Passengers: # of Harnesses:  Bus 3 - # of Passengers: # of Harnesses:  Bus 4 - # of Passengers:	+ # of Wheelchairs:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       = Total Passengers:       0         & # of Hookups:       = Total Passengers:       0         & # of Wheelchairs:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       + # of Adults:       = Total Passengers:       0
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Bus Breakdown:  Bus 1 - # of Passengers: # of Harnesses:  Bus 2 - # of Passengers: # of Harnesses:  Bus 3 - # of Passengers: # of Harnesses:  Bus 4 - # of Passengers:	+ # of Wheelchairs:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       = Total Passengers:       0
Bus Breakdown:  Bus 1 - # of Passengers: # of Harnesses:  Bus 2 - # of Passengers: # of Harnesses:  Bus 3 - # of Passengers: # of Harnesses:  Bus 4 - # of Passengers: # of Harnesses:	+ # of Wheelchairs:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       = Total Passengers:       0
Bus Breakdown:  Bus 1 - # of Passengers: # of Harnesses:  Bus 2 - # of Passengers: # of Harnesses:  Bus 3 - # of Passengers: # of Harnesses:  Bus 4 - # of Passengers: # of Harnesses:  Bus 5 - # of Passengers: # of Harnesses:	+ # of Wheelchairs:
Bus Breakdown:  Bus 1 - # of Passengers: # of Harnesses:  Bus 2 - # of Passengers: # of Harnesses:  Bus 3 - # of Passengers: # of Harnesses:  Bus 4 - # of Passengers: # of Harnesses:  Bus 5 - # of Passengers:	+ # of Wheelchairs:       + # of Adults:       = Total Passengers:       0         & # of Hookups:       = Total Passengers:       0         + # of Wheelchairs:       + # of Adults:       = Total Passengers:       0         + # of Wheelchairs:       + # of Adults:       = Total Passengers:       0

FIELD TRIP COST CALCULATION SHEET							
**Always use a conservative number of students participating. Total # eligible students:							
ADMISSION FEES: (admission per student x # of students = total student admission fees)							
		• • • • • • • • • • • • • • • • • • •					
Admission per Student: \$ 0.00 <b>X</b> # of Students:	Total Student	Admission Fee: \$0.0					
Admission per adult: X # of Adults:	Total Adult A	dmission Fee: \$0.0					
	TOTAL ADMI	SSION FEES: \$ 0.0					
TRANSPORTATION FEES (Non SBBC): (transportation OPTION 1 (Please refer to the SEAS Department / Transportation)		ion fees)					
OF HON I (Flease felor to the SEAS Department) Trans	sportation for current rates)						
Please select → Fee: \$0.00 X Qua	antity:	Total Fees: \$ 0.0					
Please select → Fee: \$0.00 X Qua	antity:	Total Fees: \$ 0.0					
Please select → Fee: \$0.00 X Qua	antity:	Total Fees: \$0.0					
TRANSPORTATION FEES (SBBC): (cost per hour x # of hours X # of buses = total transportation fees)							
OPTION 2 (Please refer to the Transportation Department for current rates)							
Cost per Hour: X # of Hours: X	# of Buses:	Total Fees: \$ 0.0					
	TOTAL TRANSPORTAT	TION FEES: \$ 0.0					
	TOTAL TRANSFORTA	0.0					
MISCELLANEOUS FEES: (Examples: T-shirts, food, hotel and additional fees etc.)							
Reason for 1st Fee: Please Select	<b>▼</b>	Fees: \$ 0.0					
Reason for 2nd Fee: Please Select	•	Fees: \$ 0.0					
Reason for 3rd Fee: Please Select	•	Fees: \$ 0.0					
Other Miscellaneous:		Fees: \$ 0.0					
	TOTAL MISELLAN	EOUS FEES: \$ 0.0					
ADITIONAL FUNDS: (Funds applied to lower student cost: Internal funds, donations, credits)							
Fund Type: Please select • Amount Applied:	\$ 0.00						
	COST BREAKDOWN: (4% in	cluded in student cost)					
	Total of Admission Fees:	\$ 0.0					
	Total of Transportation Fees:	\$ 0.0					
	Total of Miscellaneous Fees:	s 0.0					
,	Total Cost of Field Trip:	\$ 0.0					
	Total Individual Student Fee:	s 0.0					
		<u> </u>					