STANDARD PRACTICE BULLETIN
SCHOOL BOARD OF BROWARD COUNTY, FL
DIVISION: FINANCE & OPERATIONS
DEPARTMENT: INTERNAL FUNDS
Revised February 24, 2025

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

Exhibit 1

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: Dues   ▾   Post Online: Yes: ☐ No: ☐   On-site: Yes: ☐ No: ☐

4. Requesting Organization: OTHER   ▾

5. Brief description of dues. (ie., club t-shirts, tournaments, uniforms, local dues etc).

_____
_____
_____

6. Activity Date(s): 1st Choice: Start Date: _____   End Date: _____   Approved: ☐
                     2nd Choice: Start Date: _____   End Date: _____   Approved: ☐

EMPLOYEE EMAILS
All teachers/staff members listed below will be set up to receive online payment notifications.

_____   _____
_____   _____
_____   _____
_____   _____

Please provide any information and documentation for club/activity dues.

Dues Club / Activity Type: _____

Dues Price: $ 0.00

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: _____

Exhibit 1

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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: Fundraiser   ▾ Post Online: Yes: ☐ No: ☐   On-site: Yes: ☐ No: ☐

4. Requesting Organization: OTHER   ▾

5. Brief description of the fundraiser, including how the raised funds will be used.

_____
_____
_____

6. Activity Date(s): 1st Choice: Start Date: _____ End Date: _____   Approved: ☐
                      2nd Choice: Start Date: _____ End Date: _____   Approved: ☐

EMPLOYEE EMAILS
All teachers/staff members listed below will be set up to receive online payment notifications.

_____   _____
_____   _____
_____   _____

The Student Activity Operating Report or Statement of Revenue and Expenditures must be completed by the sponsor and submitted to the Bookkeeper / Budget Support Specialist ten days upon conclusion of the fundraiser.

Fundraiser Type: _____

Does this class/club or department have any fundraising reports outstanding?   Yes: ☐   No: ☐

Fundraiser Cost: $ 0.00

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:	

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ACTIVITY APPROVAL FORM (AAF)

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This form must be completed and submitted to Administration at least two weeks prior to the start of the activity.
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1. Requesting Location: SELECT SCHOOL NAME   Grade: _____ Group: _____

2. Sponsor Name: _____ Class/Club Name: _____

* 3. Type of Activity: Commission Based Fundraiser   Post Online: Yes: ☐ No: ☐   On-site: Yes: ☐ No: ☐

4. Requesting Organization: OTHER

5. Brief description of the fundraiser, including how the raised funds will be used.
_____
_____
_____

6. Activity Date(s): 1st Choice: Start Date: _____ End Date: _____ Approved: ☐
                2nd Choice: Start Date: _____ End Date: _____ Approved: ☐

EMPLOYEE EMAILS
All teachers/staff members listed below will be set up to receive online payment notifications.

_____   _____
_____   _____
_____   _____

Provide any vendor supporting documentation if applicable.

Vendor Name: _____

Does this class/club or department have any fundraising reports outstanding?   Yes: ☐   No: ☐

Fundraiser Cost: $ 0.00

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:	

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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: ☐
                      2nd Choice: Start Date: _____ End Date: _____ Approved: ☐

EMPLOYEE EMAILS
All teachers/staff members listed below will be set up to receive online payment notifications.

_____   _____
_____   _____
_____   _____

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: ☐

Estimated Collection Dates: _____

Payment Method: _____ Field Trip Cost: $ 0.00

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:

Exhibit 1

Participation Details:

Students: _____   Chaperones - Complimentary (per vendor): _____   Extra (included in student cost): 10

Adults (paying): _____   Notes: _____

Destination Details

Destination: _____   Activity: _____

Address: _____   Phone: _____

Meal Details

Meals Requested: Breakfast: ☐   Lunch: ☐   Dinner: ☐

Notes: _____

Hotel Details

Hotel Accommodations - 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

NOTE: SBBC buses are available between the hours of **9:30am to 1:30pm**, after 4:30pm and on weekends. Requests for times outside of these hours may require an outside bus vendor which will **affect student cost.**

Standard size school bus: 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 and 14 seats.

Transportation Type: [Select Transportation Type ▾]

Vendor/Travel Agent Name: _____

Bus Breakdown:

Bus 1 - # of Passengers: ____ **+** # of Wheelchairs: ____ **+** # of Adults: ____ **=** Total Passengers: 0

# of Harnesses: ____ **&** # of Hookups: ____

Bus 2 - # of Passengers: ____ **+** # of Wheelchairs: ____ **+** # of Adults: ____ **=** Total Passengers: 0

# of Harnesses: ____ **&** # of Hookups: ____

Bus 3 - # of Passengers: ____ **+** # of Wheelchairs: ____ **+** # of Adults: ____ **=** Total Passengers: 0

# of Harnesses: ____ **&** # of Hookups: ____

Bus 4 - # of Passengers: ____ **+** # of Wheelchairs: ____ **+** # of Adults: ____ **=** Total Passengers: 0

# of Harnesses: ____ **&** # of Hookups: ____

Bus 5 - # of Passengers: ____ **+** # of Wheelchairs: ____ **+** # of Adults: ____ **=** Total Passengers: 0

# of Harnesses: ____ **+** # of Hookups: ____

Bus 6 - # of Passengers: ____ **+** # of Wheelchairs: ____ **+** # of Adults: ____ **=** Total Passengers: 0

# of Harnesses: ____ **+** # of Hookups: ____

Exhibit 1

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 **X** # of Students: _____ **=** Total Student Admission Fee: $ 0.00

Admission per adult: _____ **X** # of Adults: _____ **=** Total Adult Admission Fee: $ 0.00

TOTAL ADMISSION FEES: $ 0.00

TRANSPORTATION FEES (Non SBBC): *(transportation fee x quantity = total transportation fees)*

OPTION 1 (Please refer to the SEAS Department / Transportation for current rates)

Please select → Fee: $ 0.00 **X** Quantity: _____ **=** Total Fees: $ 0.00

Please select → Fee: $ 0.00 **X** Quantity: _____ **=** Total Fees: $ 0.00

Please select → Fee: $ 0.00 **X** Quantity: _____ **=** Total Fees: $ 0.00

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: $ 0.00

TOTAL TRANSPORTATION FEES: $ 0.00

MISCELLANEOUS FEES: *(Examples: T-shirts, food, hotel and additional fees etc.)*

Reason for 1st Fee:	Please Select	Fees: $ 0.00
Reason for 2nd Fee:	Please Select	Fees: $ 0.00
Reason for 3rd Fee:	Please Select	Fees: $ 0.00
Other Miscellaneous:		Fees: $ 0.00

TOTAL MISELLANEOUS FEES: $ 0.00

ADITIONAL FUNDS: *(Funds applied to lower student cost: Internal funds, donations, credits)*

Fund Type: Please select   Amount Applied: $ 0.00

COST BREAKDOWN: *(4% included in student cost)*

Total of Admission Fees:	$ 0.00
Total of Transportation Fees:	$ 0.00
Total of Miscellaneous Fees:	$ 0.00
Total Cost of Field Trip:	$ 0.00
Total Individual Student Fee:	$ 0.00