COMMUNITY SERVICES HEAD START
ACTIVITY REQUEST FORM

Center:

Director:

Activity Request Date:

Planned Activity and Date of Activity:

Place:

Early Release: ☐ Yes ☐ No
[If yes, Give time] **Time of Release:**

Purchase Requisition Needed: ☐ Yes ☐ No
(If yes, attach purchase requisition to request form)

Nutrition Information

Menu Change: ☐ Yes ☐ No
{If yes, complete below section}

Payer Source: ☐ Head Start ☐ USDA ☐ Other

Planned Menu for day of Activity:

Campus Director Signature — Date

Nutrition Coordinator Signature — Date

Family Engagement Coordinator Signature — Date

Education Coordinator Signature — Date

Assistant to the H.S. Director Initial: _____Date:_____

Revised 11/7/2025