

# Wenatchee School District Summer Program Plan (Form SP2)

**Name of Summer Program:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Funding Source:** \_\_\_\_\_

School: \_\_\_\_\_

Specific Area(s) Requested: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Dates: \_\_\_\_\_ Days of week: \_\_\_\_\_ Times: \_\_\_\_\_

\_\_\_\_\_  
**Name of Summer Program Coordinator**

\_\_\_\_\_  
**Summer Program Phone Number**

\_\_\_\_\_  
**Name of Emergency Contact**

\_\_\_\_\_  
**Emergency Contact Phone Number**

*Principal: Please complete this section and related forms with Submitter*

<b>Contract for Use of School Facilities (REQUIRED -- attach copy)</b>		Date Completed: _____
<b>Maintenance &amp; Operations</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted: _____
If yes, explain _____		
<b>Food Service</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted: _____
If yes, explain _____		
<b>Transportation</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted: _____
If yes, explain _____		
<b>Operational Technology</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted: _____
If yes, explain _____		
<b>Human Resources</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted: _____
If yes, explain _____		
<b>Finance Office</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted: _____
If yes, explain _____		

_____ <b>Host Principal</b>	_____ <b>Date</b>	_____ <b>Submitter</b>	_____ <b>Date</b>
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*District Office Use Only:*

**Summer Program Plan**

Final Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

**Submit to the Director of State and Federal Program, District Office no later than May 15.  
Final approval given no later than May 30**