

PERSONAL ACTIVITIES PERMISSION SLIP FOR DURING SCHOOL HOURS

★ DETENTION ASSIGNED IF NOT COMPLETED AND TURNED INTO THE OFFICE ★

Today's Date _____

Submit to the office **24 hours PRIOR** to the activity.

DOES NOT need to be completed for a doctor/dentist appointment or family funeral

1. **STUDENT'S NAME** _____ **Grade** _____

2. **PROPOSAL: I request permission to miss school the following days/periods:**

Date(s) _____ **Period(s)** _____

3. **For the following EVENTS:**

4. In order to be excused for the above, the student needs permission from each classroom teacher and Athletic Dept. for classes he/she will miss. Teachers and Athletic Department are to indicate their permission or stipulations regarding the absence. **The student must, PRIOR to leaving on this event, confer with each teacher about the work that will need to be turned in upon return.**

5. PERIOD	CLASS	TEACHER'S SIGNATURE	COMMENTS
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5 or 6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
Coach	_____	_____	_____
Athletic Director	_____	_____	_____

6. **PARENT'S SIGNATURE (To be signed ONLY AFTER all teachers have signed the above):**
_____ Date _____

7. **ASSISTANT PRINCIPAL'S SIGNATURE** _____ Date _____

ACCEPTED _____ REJECTED _____

8. The student may assume this form has been approved; if there is a problem, the Principal will talk to the student and/or teacher.