

DISTRICT OR STATE ACTIVITY/ATHLETIC ATTENDANCE APPROVAL FOR



STUDENT NAME: _____

Guidelines

In order to attend an activity you must meet the following criteria:

1. Complete Approval Form 24 hours before the activity
2. Be in good academic standing in all classes
3. Homework must be completed in advance
4. Have 0 discipline referrals
5. Have 5 or fewer absences for the semester
- 6. Each State Activity/Athletic day will count towards the 10 day absence policy**
7. School transportation will not be provided and it is the parent's/guardian's responsibility to ensure that the student arrives at the activity.

Please List the Activity You Wish To Attend: _____

Please State The Reason You Wish to Attend: _____

Student Signature

Date

****This section must be complete with signatures; this verifies that you have completed the work you will miss and that you are in good academic standing in all of your classes.**

Period	Class Name	Teacher Signature	Absences	%
1				
2				
3				
4				
5				
6				
7				
8				

Parent/Guardian Statement & Signature:

I _____ give my child approval to miss an academic day to attend the
(Parent/Guardian Name)
 following activity _____ for the following reason _____

Parent Signature

Date