**STUDENT OFF-CMAPUS ACTIVITY PERMISSION**

The following trip is planned and we would like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate.

|  |  |
| --- | --- |
| **Who – Student’s Name** |  |
| **What - Discribe the event (i.e. going to DMV, VR appt, job shadow, college visit)** |  |
| **Date – include day of week and classes that will be missed** |  |
| **Time- include classes that will be missed** |  |
|  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please initial your preference and sign below**

\_\_\_\_ I **DO** give permission for my son/daughter to participate in off-site activities as described above.

\_\_\_\_ I **DO NOT** give permission for my son/daughter to participate in off-site activities as described above.

\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent Signature Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Print Name Date