

Permission Slip for School Related Event

PLEASE RETURN THE COMPLETED FORM TO THE ATTENDANCE OFFICE PRIOR TO THE EVENT.

Your absence will remain unexcused if this form is not turned in to Ms. Suzy in the attendance office.

Name: _____ Grade: _____

Event Name; _____ Date: _____

Event Contact person: _____ Phone: _____

Parent Signature: _____

PERIOD/CLASS	TEACHER NAME & SIGNATURE
A	
B	
C	
D	
E	
F	
G	

It is your responsibility to communicate with your teachers and take care of missed assignments for all classes that you will miss.

Coach Sears and an administrator will sign the form once all teacher signatures are secured.

Coach Sears Date

Administrator Date