

CHS On Campus Activity Release Form

Form must be completed by student at LEAST 24 hours prior to activity

Dear Staff Members,

The student named below is to participate in an activity on campus. This is a school-related absence and the student has the opportunity to make-up all missed work. If you have any question please advisor(s) listed below.

Student Name: _____ Student #: _____

Advisor: _____ Admin Approval: _____

Activity: _____ Activity Date: _____

Per.	Assignment	Due Date	Teacher Signature
1			
2			
3			
4			
5			
6			

*I understand I'm responsible for making up all work missed by the indicated due dates.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

- Return to Activity Advisor when complete -