

# 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 -