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8/6/09

Student Permission to Participate in a School Activity

Student Name _____ ID # _____

Activity/Field Trip _____

Date _____

Depart/ Start Time _____ Return Time _____

The above named student has my permission to participate in the above school activity:

Class Period	Teacher's Signature	Date
1		
2		
3		
4		
5		
6		

Parent/ Guardian Signature _____ Date _____

*Students must obtain signatures prior to the day of the activity. Teachers are not required to sign this permission slip on the day of the activity or trip.

**Students need to be in good standing in the class before the teacher will sign this permission slip.