 **District or State Activity/athletic attendance approval Form**

**STUDENT NAME**:

**Guidelines**

In order to attend an activity you must meet the following criteria:

1. Complete Approval Form 24 hours before the activity
2. Be in good academic standing in all classes
3. Homework must be completed in advance
4. Have 0 discipline referrals
5. Have 5 or fewer absences for the semester
6. **Each State Activity/Athletic day will count towards the 10 day absence policy**
7. School transportation will not be provided and it is the parent’s/guardian’s responsibility to ensure that the student arrives at the activity.

**Please List the Activity You Wish To Attend:**

**Please State The Reason You Wish to Attend:**

**Student Signature Date**

\*\*This section must be complete with signatures; this verifies that you have completed the work you will miss and that you are in good academic standing in all of your classes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period | Class Name | Teacher Signature | Absences | % |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

**Parent/Guardian Statement & Signature:**

I give my child approval to miss an academic day to attend the

 (Parent/Guardian Name)

following activity for the following reason

**Parent Signature Date**