

**REQUEST FOR PERMISSION00
TO PARTICIPATE IN INDEPENDENT ACTIVITY**

The undersigned parent or guardian requests that my son/daughter be permitted to leave school for this trimester at the beginning of the 9th period of the day in order that he/she may participate in a non-school sponsored sports enrichment activity (the "Independent Activity").

I understand that the school has not independently verified the quality or scope of the proposed Independent Activity and is relying upon my representation to the school that such Independent Activity is appropriate in lieu of the school's required physical education and sports programs.

I further acknowledge that the Independent Activity is not sponsored or directed by the school, has been selected by me for the benefit of my son/daughter, and all training or supervision will be provided by nonaffiliated third parties.

I accept all responsibility for my son/daughter participating in the Independent Activity and for the travel necessary to get from the school to the activity.

STUDENT NAME _____ Grade _____

Proposed Independent Activity _____

Days of the week of activity _____

Time of activity _____

Season: Fall Winter Spring

Location/Address & Telephone number
of Independent Activity _____

Person in charge of Independent Activity _____ Contact # _____

Email address: _____

Parent or Guardian Signature _____ Date _____

OFFICE USE ONLY

Approved by _____ Not Approved by _____ Date _____