

AUSTIN MIDDLE SCHOOL – S.T.E.M. MAGNET PROGRAM  
EXTRACURRICULAR ACTIVITY  
APPROVAL FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Extracurricular Activity: \_\_\_\_\_

Dates Participated in Activity: \_\_\_\_\_

Confirmation of Participation: \_\_\_\_\_  
(Signed by Organization Sponsor)

Approved by: \_\_\_\_\_  
(Signed by Austin Faculty Member)

Extracurricular Activity Form must be completed by May 24, 2019. Please return form to Mrs. Hammonds.