School Event Participation Request
Upper Perkiomen School District Programming

Student Name:		
Age:	Current Grade:	Date:
Parent Name:		
Address:		
Parent Phone #:	Email:	

Please provide information related to the event that you are requesting your child participate in at the school.

Event:

_____

_____

_____

_____

Parent Signature: _____

School Approval

Status:
- ☐ Approved
- ☐ Not Approved

Principal (School Representative) Signature: _____

Date: _____

All event participation approvals will be emailed back to families by the building principal/school representative.