Butler County Area Vocational-Technical School
210 Campus Lane
Butler, PA 16001
(724) 282-0735

PERMISSION TO REMAIN AT
BUTLER COUNTY AREA VOCATIONAL-TECHNICAL SCHOOL

Name: _____ Today's Date: _____

Home School: _____Vo-Tech Course _____

Session 1 2 3

Date Requested: _____ Time Requested: _____

Time Returning to Home School: _____

Reason: _____

_____

_____

Parent Signature: _____ Date: _____

BCAVTS Instructor Signature: _____ Date: _____

BCAVTS Administrator Signature: _____Date: _____

Home School Principal Signature: _____Date: _____

This form must be submitted to the Vo-Tech office after being filled out completely. Copies will be distributed by Fax or mail.

cc: Vo-Tech Attendance
High School Attendance
Vo-Tech Instructor