

SOUTH PARK MIDDLE SCHOOL
REQUEST TO TAKE A STUDENT FROM A TRIP OR ACTIVITY

Student's Name: _____ Age _____ Grade _____

Parent/Guardian's Name: _____

Address: _____

Phone No: (Home) _____ Phone No: (Cell) _____

Activity: _____ Date of Activity: _____

Reason for taking your child from the activity: _____

Approximate date and time you expect to take your son/daughter: _____

Parent/Guardian Signature _____

Date _____

Approval:
Sponsor, Coach, Director _____

Date _____

Principal Signature _____

Date _____

