

ELK GROVE HIGH SCHOOL
ON CAMPUS STUDENT ACTIVITY RELEASE FORM

COMPLETED FORMS ARE DUE ON 9/26/18 **TO** Student store during lunch.

SPONSORING CLASS, CLUB OR ORGANIZATION: Band & Color Guard

NATURE OF EVENT: Performing in Homecoming Rally

DATE AND TIME OF EVENT: 9/28/19; Per 6-8

LOCATION OF EVENT: Cartwright Gym

DATE ACTIVITY APPROVED/INITIALS: 9/24/18 Dr. Christmas

SPONSORING TEACHER'S NAME: Mr. Sebastian

STUDENT'S NAME: _____ **GRADE LEVEL:** _____

ID # _____ **CIRCLE PERIODS TO BE MISSED:**

6	7	8
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PARENTS/STUDENTS: BY SIGNING BELOW WE UNDERSTAND AND VERIFY THE STUDENT IS AUTHORIZED TO PARTICIPATE IN THE ACTIVITY AND IS RESPONSIBLE FOR MAKING UP ANY MISSED WORK.

PARENT SIGNATURE: _____

STUDENT SIGNATURE: _____

TEACHERS: BY SIGNING BELOW YOU HAVE REVIEWED THIS REQUEST.

6 _____

7 _____

8 _____

PLEASE NOTE: ANY QUESTION ABOUT WHETHER A STUDENT ATTENDED THE ACTIVITY SHOULD BE DIRECTED TO THE SPONSORING TEACHER.