

REQUEST FOR APPROVAL OF SCHOOL ACTIVITY

Organization _____ Sponsors Signature _____

Date request submitted to principal _____

Name of Activity _____

Date (s) of Activity _____

Location _____

Phone where you might be reached (AC) _____
Number

Justification or comments _____

Time you need to leave _____ Time you plan to return to Sasakwa _____

Hours or classes to be missed (circle) 1 2 3 4 5 6 7 Other (explain) _____

Number of students to be taken _____ Type and amount of transportation proposed:

Principal's Approval _____ Date _____
Signature

Principal's Comments: _____

List of names of students you are asking permission to make this trip (you may attach a typed list if you need more room).

- | | | |
|----------|-----------|-----------|
| 1. _____ | 10. _____ | 19. _____ |
| 2. _____ | 11. _____ | 20. _____ |
| 3. _____ | 12. _____ | 21. _____ |
| 4. _____ | 13. _____ | 22. _____ |
| 5. _____ | 14. _____ | 23. _____ |
| 6. _____ | 15. _____ | 24. _____ |
| 7. _____ | 16. _____ | 25. _____ |
| 8. _____ | 17. _____ | 26. _____ |
| 9. _____ | 18. _____ | 27. _____ |