

HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT
ACTIVITY PARENT / TEACHER PERMIT

DATE OF EVENT: _____

_____ has my permission to attend the

Transportation will be provided by the school to the aforementioned event.

Departure from the school will be at _____ sharp.

Approximate time of return to campus will be _____.

As a service to you and your student, insurance for accidental bodily injury and/or \$1,500 life insurance is available through the school at a nominal fee.

In the event of an accident or emergency, I (we) give permission for the School authorities to take my (our) child to any available doctor or hospital, or to request their services.

Parent's or Guardian's Signature

Telephone Number: _____

Date: _____

It is understood that a student using school transportation will RETURN by School transportation. Failure to do so will result in disciplinary action. This form is to be returned to the Faculty Sponsor.

REQUEST FOR ACTIVITY RELEASE

_____ is eligible for participation in the following activity _____

If you will allow this student to be absent from your class on the stated date, please sign by the period listed. The student understands he or she must make up all work missed.

DATE OF EVENT _____

<u>PER.</u>	<u>SUBJECT</u>	<u>TEACHER'S SIGNATURE</u>
0	_____	_____
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____