

**PARENT PERMISSION FORM & ACADEMIC STANDING FORM
(SCHOOL DAYS)**

The following student _____ in grade _____ will be going to _____ as part of the _____

class/club. As a requirement for this student to participate in this activity, he/she must have an Academic Standing Form completed by each teacher whose class will be missed and the form must be signed by his/her parent/guardian. This student will be absent periods _____ or all day _____.

Date of absence for activity is _____ Sponsor's Signature _____

PERIOD	COURSE	TEACHER	PASS	FAIL	COMMENTS
1					
2					
3					
4					
5					
6					
7					

We the undersigned parents of _____ hereafter referred to as the "student" have seen the ACADEMIC STANDING FORM and agree for the student to go to _____ in _____, with the class/club mentioned above. My son/daughter understands that he/she must follow the rules and regulations of the Florida High School Activities Association as well as those of the St. Lucie County School System. All school rules and regulations apply on said event/trip.

I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may be necessary for the student in the course of such activities or such travel.

Dated this _____ day of _____, 200__.

Emergency Phone _____

(Parent/Guardian Signature)