

Due Date: _____

**ACTIVITY AUTHORIZATION FORM
CANYONS SCHOOL DISTRICT**



Student Name: _____ **Date:** _____

Student #: _____ **Grade:** ____ **Cellphone #:** _____

Activity Description Field Trip Job Shadow Service Learning Conference

Class/Name of Activity _____

Date(s) of Activity From _____ To _____

Time From _____ To _____

Period(s) 1 2 3 4 5 6 7 8

Activity Location/Address _____

Transportation

- Offers the following transportation option _____
- Has no transportation option available (**parent/guardian** responsibility)

Parent/Guardian Authorization

I authorize my student to participate in the activity identified above. I recognize that I have full responsibility for my student during the time he/she is off a public school site including the transportation to and from the activity.

Name of Parent/Guardian (Please Print)

Parent/Guardian Address

Signature of Parent/Guardian

Date

Emergency Phone Number



All Districts in the Wasatch Front Consortium do not discriminate on the basis of disability, gender, race, color, national origin, or age in educational programs, activities, or access to facilities.