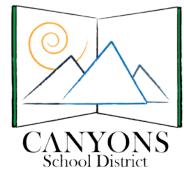
## LONG-TERM ACTIVITY AUTHORIZATION FORM CANYONS SCHOOL DISTRICT

Student Name



Student Name		School District
Student # Date		
Activity Description		
○ Career Internship ○ Off-Campus ○	Course O	Related Work-Based Learning
Date(s) of Activity		
○First Quarter ○Second Quarter ○Third	d Quarter ○Fo	urth Quarter OAll Year
<b>Period(s)</b> 01 02 03 04 0	5 06 07	08
Employer/Course Name		
Address/Location		<del></del>
Transportation		
Transportation to and from the activity	y is the <b>pare</b> r	t/guardian responsibility.
Parent/Guardian Authorization		
I authorize my student to participate in the responsibility for my student during the transportation to and from the activity.	•	<u> </u>
Name of Parent/Guardian (Please Print)	Pare	nt/Guardian Address
Signature of Parent/Guardian No Canyons District employee or student shall be subjected to discrimination in employment or an	Date	Emergency Phone Number

Jeffrey Christensen, Assistant Legal Counsel