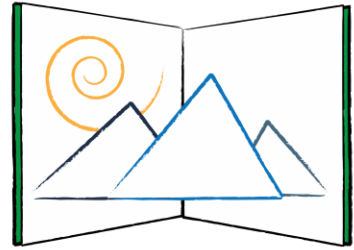


ACTIVITY AUTHORIZATION FORM  
CANYONS SCHOOL DISTRICT



CANYONS  
School District

Due Date: \_\_\_\_\_  
Return To: \_\_\_\_\_

Student Name \_\_\_\_\_

Student # \_\_\_\_\_ Date \_\_\_\_\_ Student Cell Number \_\_\_\_\_

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

Teacher Signature \_\_\_\_\_

Activity Location/Address \_\_\_\_\_  
\_\_\_\_\_

**Transportation**

- Offers the following transportation: School Bus--REQUIRED
- 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's behavior/conduct during the time he/she is participating in the above named event.

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Parent/Guardian Address

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone Number



*Canyons School District does not discriminate on the basis of disability, gender, race, color, national origin, or age in educational programs, activities, or access to facilities.*