

LONG-TERM ACTIVITY AUTHORIZATION FORM
CANYONS SCHOOL DISTRICT



Student Name _____

Student # _____ Date _____

Activity Description

☐ Career Internship ☐ Off-Campus Course ☐ Related Work-Based Learning

Date(s) of Activity ☐ First Semester ☐ Second Semester ☐ All Year

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

Employer/Course Name _____

Address/Location _____

Transportation

Transportation to and from the activity is the **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 and for 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.