LONG-TERM ACTIVITY AUTHORIZATION FORM
JORDAN SCHOOL DISTRICT

Student Name _____ **Student #** _____ **Date** _____

Activity Description o Career Internship o Off-Campus Course o Cooperative Work Experience

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

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

Please Print on Green Paper

CTE
CAREER & TECHNICAL EDUCATION
Connecting Education to Careers

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9/18/07