

Rogue OUTDOOR SCHOOL

HIGH SCHOOL COPY RETURN TO YOUR HIGH SCHOOL ATTENDANCE OFFICE PERMISSION FORM FOR HIGH SCHOOL STUDENT LEADERS

You are requested to fill out this form and return it to your High School Attendance Office as soon as possible.

The following student has been selected to attend Outdoor School as a Student Leader during the week of _____ at the _____ Outdoor School site. It is necessary that the student receive permission from their school district and parent/guardian prior to attendance.

Students are expected to arrange with teachers: 1) to complete work prior to Outdoor School; 2) to obtain homework to complete during Outdoor School; and 3) to make up work missed during the week of Outdoor School.

Student's Name _____ Phone Number _____

Street Address _____ City _____

Zip Code _____ Grade in School _____ High School Student ID# _____

TEACHER'S SIGNATURES:

Teachers: Please indicate if this student is approved for missing your class. If you have any concerns about this student's behavior, please contact Ilan Sobel at studentleaders@rogue-ee.com

	Approve	Disapprove		Approve	Disapprove
Period 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	Period 5: _____	<input type="checkbox"/>	<input type="checkbox"/>
Period 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	Period 6: _____	<input type="checkbox"/>	<input type="checkbox"/>
Period 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	Period 7: _____	<input type="checkbox"/>	<input type="checkbox"/>
Period 4: _____	<input type="checkbox"/>	<input type="checkbox"/>	Period 8: _____	<input type="checkbox"/>	<input type="checkbox"/>

I give permission for this student to attend Outdoor School as a Student Leader.

(Parent's Signature) (date) (High School Counselor or Administrator Signature) (date)

Parents & Guardians: Please sign to give your child permission to be absent from their classes to attend ODS, and fill out and sign the attached **Permission, Health, and Medical Form** and **Photo Release Form**. Thank you!

STUDENT LEADER: Please give this form to the **Counseling Office** at your high school.

Students:

Please sign to indicate that you understand and agree to the requirements and guidelines outlined in this packet.

Student Signature: _____ **Date:** _____