

SPECIAL PERMISSION SLIP

Name _____ Date _____

Reason for request: _____

I would like to request permission to attend / participate in a field trip /
circle one

special event / athletic event for GM / ECTS on _____
circle one circle one Date & time of event

In order to participate in this event, permission is needed from both schools.

PRE-APPROVAL: Request permission (signatures) from the following four professionals before Final Approval will be considered. Permission is granted at the individual discretion of each teacher. All signatures are required prior to submitting for final approval.

1st or 3rd Period Teacher - Date

Patty Palo / ECTS Counselor - Date

2nd or 4th Period Teacher - Date

ECTS Lab Instructor - Date

FINAL APPROVAL: This form must be completed, signed by the above, and given to Mrs. Schau at least two days prior to the event before Mr. Astorino grants his approval.

Gary Astorino / GM Counselor

Date

PLEASE NOTE: This form is available in the Guidance Office