

Lewisville Independent School District School Related Absences Parent/Guardian Form

I am aware that	, ID#			will be leaving		
(Name of S	(Grade)					
Killian Middle School on		to participate in a school approved/related activity.			ty.	
	 Date)				•	
The activity involves:		Day I/Oharal				
Athletics		Band/ChoralUIL Events/Competition (other than athletics/band)				
Speech/Debate						
Field Trips	·	Vocational Contest				
Other (Describe)			•			
(Describe)						
The location/destination of this	trip/activit	y is:				
Time of School Related Absence	: :					
All Day	Mor	ningAft	ernoon	Other	(explain)	
***If this permission f	^f orm is n	ot received by t	he school b	y the do	ay of an	
event, the student		_		_		*
event, the student	wiii iiot	be unowed to it	euve liie sc	ווטטו נט	uttena.	
Students n	aust have to	eachers complete the b	alow for aligibili	+		
Teacher Name	Class	Teacher Signature	Excessive	Passing	Not Passing	
			Absences			
<u> </u>						
It is a Taylor Education Associ			andont Cabaal	District	lia. Abak Abia £	fa ba
It is a Texas Education Association completed for all situations who		•		•	•	
completed for all situations will	ere a crima i	eaves a scribbl during the	ne school day to	attenu a s	ciiooi-ieiateu a	ictivity.
The District shall make no dist	inction hety	veen absences for UII	activities and a	hsences fo	r other extracu	ırricular
activities approved by the Boar						
absences not related to post-di						
to state, and a maximum of two	-			or poor an	peu	o p
, a						
(Signature of Parent/Guardian, Emancipat	ed Minor, 19 Ye	ar Old) (Telephone No	o. of Parent/Guardian)	(Date)	