NOTICE OF EXTRACURRICULAR ACTIVITY: (GAME/MATCH/MEET/PRACTICE/PERFORMANCE)

To the Parent/Guardian of Student (s) Participating in Extracurricular Activities, such as a Game, Match, Meet, Practice or Performance:

	Name of Participating Student:	Control of the second s	ichool:_	PHS	?
25	Please be advised that the above-named student participant is SU Graduation game/match/meet/performance activity ASU The event is scheduled for the ASU day of May		ner extra		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
	So that appropriate arrangements for transportation to the eve advise your student's coach, director, or sponsor of your studer above-referenced event. Please check one of the boxes below i to the event.	t's transporta	ation nec	eds to attend	the avel
	☐ Student will require transportation provided by the Aut ☐ Transportation will be provided by parent/guardian	auga County E	Board of	Education	
~	Print Parent's/Guardian's Name , Parent's/Guard	ian's Signatur	e	Date	Anna Canna
The state of the s	THIS FORM MUST BE COMPLETED AND PROMPTLY RETURNED TO PRIOR TO PARTICIPATING IN THE EXTRACURRICULAR ACTIVITY.	O THE TEAM (OACH C	DR SPONSOR	1.
enge.	Thank you for your prompt attention to this request.				
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