

CALVARY BAPTIST SCHOOL

CUTS PERMISSION FORM

Directions:

1. Parent to fill out top portion and sign.
2. No more than 5 total days of cuts per year.
3. Student to get all signatures and class information from teachers.
4. Completed form to be submitted to the school office at least **two** days prior to leaving.
5. Student should pick up copy at school office before leaving on trip/activity to have a record of class work being missed.

Student's Name: _____

Dates for cuts: _____

Reason: _____

Parent/Legal Guardian Signature: _____

Hour	Teacher's Signature	Work that will be missed/covered
Homeroom		
1		
2		
3		
4		
5		
6		
7		

(Office use)

Administrative Approval: _____

Cut total to date: _____ Excused No Approval
 Unexcused - no penalty