

EXTRA-CURRICULAR FORM

SPONSORING TEACHER:

NAME OF EVENT:

DATE(S) OF EVENT:

PERIODS OF ABSENCE (PLEASE MARK WITH X):

1	2	3	4	5	6	7	8	ALL DAY

Please list students alphabetically

1. _____	23. _____
2. _____	24. _____
3. _____	25. _____
4. _____	26. _____
5. _____	27. _____
6. _____	28. _____
7. _____	29. _____
8. _____	30. _____
9. _____	31. _____
10. _____	32. _____
11. _____	33. _____
12. _____	34. _____
13. _____	35. _____
14. _____	36. _____
15. _____	37. _____
16. _____	38. _____
17. _____	39. _____
18. _____	40. _____
19. _____	41. _____
20. _____	42. _____
21. _____	43. _____
22. _____	44. _____

TEACHERS: Please turn in this list the day before you leave. Also, notify the office of any changes immediately prior to leaving campus.