



EARLY RELEASE FOR OFF-CAMPUS ACTIVITY AUTHORIZATION FORM

***Student needs to complete a new authorization for each activity/season. ***

Student Name: _____ Grade: _____

School/Location of Activity: _____

Activity/Sport: _____ Season: Fall / Winter / Spring

Date of Event or when Season Begins: _____ Date Season Ends: _____

Student needs to be at school/event at _____ am / pm Leave KCS at _____ am / pm

Day(s) of week: Mon. Tues. Wed. Thurs. Fri.

Approval Guidelines:

- * Incomplete forms will be denied
- * New form needed for each sport/activity per season
- * Submission of this form does not guarantee approval
- * KCS administration reserves the right to revoke approval

Student Signature: _____ **Date:** _____

.....
Parent/Guardian Name(s): _____

Home Phone: _____ Cell: _____ Cell: _____

My signature below indicates that I understand that my child must remain in "good standing" (minimum of 2.0 GPA and no disciplinary issues) at Kingspoint or this agreement may be revoked.

Parent Signature: _____ **Date:** _____

OFFICE USE:	
Administrator Approval: _____	Date: _____
Student notified ~ Date: _____	Time: _____ am / pm by whom: _____