

DATE: _____

Southwest High School

Out of Class Activity Request

Submit for approval to Mrs. Pittman @ mpittman@swisd.net



CLASS/ORGANIZATION: _____

SPONSOR/COACH: _____

ACTIVITY: _____

EVENT LOCATION: _____

ACTUAL EVENT DATE: _____

ACTUAL TIME OF EVENT: _____

RELEASE TIME FROM CLASS: _____

RELEASE PERIOD: _____

RELEASE DATE: _____

RETURN DATE: _____

LAST NAME, FIRST	GRADE	ID# Required	LAST NAME, FIRST	GRADE	ID# Required

ADMINISTRATIVE APPROVAL: _____

TEACHER’S SIGNATURE INDICATES APPROVAL FOR NON-UIL ACTIVITY:

Students will be responsible for all class work missed. Any problems with these students please notify coach or teacher/sponsor of this request.

PERIODS

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____