## LONG-TERM ACTIVITY AUTHORIZATION FORM CANYONS SCHOOL DISTRICT

Student Name



Student Name		— CAINTOINS School District
Student # Dat	t <b>e</b>	
Activity Description		
○ Career Internship ○ Off-Campu	s Course O I	Related Work-Based Learning
Date(s) of Activity		
○First Trimester ○Second Trimester	OThird Trimeste	r OAll Year
<b>Period(s)</b> 01 02 03 04	05 06 07	08
Employer/Course Name		
Address/Location		
<b>Transportation</b>		
Transportation to and from the activ	ity is the <b>paren</b>	t/guardian responsibility.
Parent/Guardian Authorization		
I authorize my student to participate in responsibility for my student during the transportation to and from the activity.		9
Name of Parent/Guardian (Please Print)	Parei	nt/Guardian Address
Signature of Parent/Guardian	 Date	Emergency Phone Number

Jeffrey Christensen, Assistant Legal Counsel