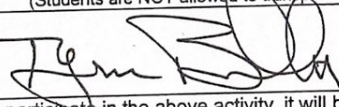


Student's Name: _____

Activity Permission Form (Teachers/Sponsors should complete the shaded sections.)					
Description of Activity and Purpose: (include cost, if any)	Intramural Program				
Location of Activity:	Ymca				
Number of Students	7-14				
Teacher(s)/Sponsor(s):	Jana Adamson / Jonnie Harris				
Date(s) of Activity:	<table border="1"> <thead> <tr> <th>Depart Time</th> <th>Return Time</th> </tr> </thead> <tbody> <tr> <td>3/28-5/4 Mon & Wed.</td> <td>Student will have a ride from 'Y' at 3:50</td> </tr> </tbody> </table>	Depart Time	Return Time	3/28-5/4 Mon & Wed.	Student will have a ride from 'Y' at 3:50
	Depart Time	Return Time			
3/28-5/4 Mon & Wed.	Student will have a ride from 'Y' at 3:50				
Mode of Transportation:	<input type="checkbox"/> Bus <input checked="" type="checkbox"/> School Vehicle <input type="checkbox"/> Private Transportation <input type="checkbox"/> Student Drives Him/Herself (Students are NOT allowed to transport others.) <input type="checkbox"/> Other _____				
Administrator Approval:					
Before your student will be allowed to participate in the above activity, it will be necessary for you to provide your consent. Note: The activity will be supervised by adults. Please check only one of the following boxes.					
<input type="checkbox"/> I DO give my permission for my student to attend this school activity in the manner described under Mode of Transportation.					
<input type="checkbox"/> I DO NOT give my permission for my student to attend this school activity.					
Parent/Guardian Signature: _____	Date: _____				

Notice of Nondiscrimination

Unified School District #305 does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. Any person having inquiries concerning Unified School District #305 compliance with the regulations implementing Title VI, ADA, Title IX, or Section 504 is directed to contact the Unified School District #305 Executive Director of Human Resources, P.O. Box 797, Salina, Kansas 67402, 785-309-4726.