

OUT – OF – CLASSROOM ACTIVITY PERMISSION FORM

Delran Township Public Schools

Parent's or Guardian's Authorization for Pupils to Engage
In Approved Voluntary Out-of-Classroom School Activities

As the parent / guardian of _____,
(Pupil's Name)

I do hereby request and authorize the Superintendent of the Delran Township Public
Schools to permit my said _____ during the _____ school
(son, daughter, ward)

year to attend and take part in any of the approved voluntary out-of-school activities
(including customary one-day-out-of-town trips in connection with such activities) that my
said _____ may choose.
(son, daughter, ward)

If your child's physician has ordered him/her to carry an inhaler or epipen, please
be sure he/she brings the medication on the class trip!

I accept full responsibility for his / her acts while engaged.

Signature: _____
(Parent / Guardian)

Signature: _____
(Pupil)

Date: _____

NOTE: Among the approved voluntary out-of-classroom activities available are intramural sports, dramatic presentations, band, clubs, cheerleading, student government activities, field trips, etc.