

# SCHOOL FIELD TRIP/ACTIVITY MAKE-UP SHEET – JUNIOR HIGH

Student Name: \_\_\_\_\_

Date of School Activity: \_\_\_\_\_

Description of School Activity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***LCS expectations are for work to be completed THE DAY AFTER your school activity.***

On the form below, list each class, assignment(s), and have your teacher initial. (Teacher initials signify that work has been completed or, in special circumstances, other arrangements have been made.) Return completed form to the office BEFORE the day you plan to be absent.

I give consent for my son/daughter to miss school for the above-named dates.

Parent signature: \_\_\_\_\_

Class Period	Class Name	Assignment	Teacher Initials
1 <sup>st</sup> period			
2 <sup>nd</sup> period			
3 <sup>rd</sup> period			
4 <sup>th</sup> period			
Rotation 1			
Rotation 2			
5 <sup>th</sup> period			
6 <sup>th</sup> period			
7 <sup>th</sup> period			
8 <sup>th</sup> period			