

DCON 2020 Permission to Leave

UPON COMPLETION OF FORM, HAVE CHAPERONE SUBMIT DURING CONFERENCE REGISTRATION.

- 1) Student Name: _____
- 2) School Name: _____ 3) Division: _____
- 4) Purpose for Leaving: _____

- 5) Date of Leave: _____
- 6) Location of Event: _____
- 7) Departure Time: _____ 8) Return Time: _____
- 9) Adult responsible for student while away from Conference: _____
- 10) Phone Number of Adult: _____
- 11) Means of Transportation to and from Event: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____

Notarization

Subscribed and sworn before me this ____ day of _____,

Notary in the State of _____. My commission expires _____

Chaperone Printed Name: _____

Chaperone Signature: _____

School Principal Signature: _____

SERGEANT-AT-ARMS USE

Building: _____ Room Number: _____

Sergeant-At-Arms Advisor Signature: _____

Other Notes: