**2023-2024 Request for Participation in Local School Activities**

**Form Facts**

**What:** Complete this form if you would like your student to participate in activities or electives at your local public school. Submit a separate form for each student. Please print clearly with blue or black ink.

**Who:** The parent/legal guardian of the student listed below must fill out the Activity and Elective Information section of this form. The principal of the local school must fill out the Local School Principal Acknowledgement section.

**Why**: This form is necessary if you would like your student to participate in activities or electives at your local public school.

**Where:** Submit this form to your Connections Academy school principal or designee.

# School/Student Information

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| --- | --- |
|  |  |
| Connections Academy School: Click here to enter text. | School Phone Number: Click here to enter text. |
| Name of Student: Click here to enter text. | Name of Parent or Guardian: Click here to enter text. |

**Activity and Elective Information**

|  |  |
| --- | --- |
|  |  |
| Local School: Click here to enter text. | Local School District: Click here to enter text. |
| Contact at the Local School/District: Click here to enter text. | School/District Phone Number: Click here to enter text. |
| Name of Activity or Elective 1: Click here to enter text. Hours Per Week: Click here to enter text.Description: Click here to enter text. |
| Name of Activity or Elective 2: Click here to enter text. Hours Per Week: Click here to enter text.Description: Click here to enter text. |
| Name of Activity or Elective 3: Click here to enter text. Hours Per Week: Click here to enter text.Description: Click here to enter text. |
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**Local School Principal Acknowledgement**

The Connections Academy program is a full-time program. Only students in good academic standing who obtain the appropriate permission from Connections Academy staff should participate in additional activities and electives

I acknowledge that the above-listed student is fully enrolled in Connections Academy for the purposes of federal, state, and local funding, and the local school or its district cannot claim or collect any funding for the above student. The local school agrees to assume all liabilities for the above-listed student while he/she is attending the local school for additional activities and electives in the same manner that the school would be required to do for any student participating in activities and electives on the premises.

|  |  |
| --- | --- |
| Name of Local School Principal: Click here to enter text. | Date: Click here to enter text. |
| Signature of Local School Principal |

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| --- | --- | --- | --- |
|  | **For Office Use Only** |  |  |
|  | Date Reviewed: Click here to enter text. | ☐Approved ☐Denied |  |
|  | Principal/Director Name: Click here to enter text. | Principal/Director Signature: |  |
|  | Notes: Click here to enter text. |  |  |

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