

# SCHOOL BUSINESS FORM – STUDENT ROUTING

PLYMOUTH-CANTON EDUCATIONAL PARK

The purpose of this form is to inform classroom teachers that the student is participating in an **APPROVED** school activity. **STUDENTS INVOLVED IN THIS APPROVED ACTIVITY ARE TO BE RELEASED FROM CLASSES WITHOUT PENALTY.** In fairness to students and other faculty members, no field trips are scheduled during the last week of marking periods 1 and 3, and during the last two weeks of marking periods 2 and 4 (including finals week). Exceptions to this require administrative approval.

**ADVISOR/SPONSORING TEACHER:** The advisor/sponsoring teacher must complete the “Date of Absence,” “Reason,” “Period” and “Sponsoring Teacher Signature” section of the form. The form is then duplicated and provided to the students **SEVEN** days prior to the planned absence. Before students are allowed to participate in the activity, the advisor/sponsoring teacher must collect the completed forms from all students. Should any student fail to attend the School Business event, please inform the Attendance Office immediately.

**STUDENT:** The student must fill in “Name,” and present the form to all teachers whose classes will be missed **FIVE** days prior to the absence. After all teachers have signed the form, the student must return it to the advisor/sponsoring teacher. The student is responsible for securing all work to be made up and assignments must be completed within two days after the absence. **While on a School Business activity, all school rules apply.**

**TEACHERS:** When presented this form, **sign the form as acknowledgement that the student will miss your class on that date.** The Attendance Office will be getting a list of participants for the event from the advisor/sponsoring teacher and they will indicate on Zangle an “S”, “Y” or “Z” depending on the exact nature of the school-sponsored activity.

*Michigan Music Conference, Honored and Featured MSBOA (Michigan School Band and Orchestra Performing Ensemble*

**ACTIVITY:** \_\_\_\_\_

**DATE:** Jan. 25, 2019 **A.P. Approval Signature:** \_\_\_\_\_

**STUDENT NAME:** (Please Print) \_\_\_\_\_ **School:** P S C

PERIOD	SUBJECT	TEACHER SIGNATURE	DATE
1			
2			
3			
4	Wind Ensemble	<i>G. Jonathan Thomann/Mike Wells</i>	10.22.17
5			
6			

*G. Jonathan Thomann/Mike Wells*

Sponsoring Teacher Signature

**Return this form to your advisor.**