

**School District of Hillsborough County**

**Teacher Notification**

**of School-Sponsored Activities**

This form is used by students to make arrangements with their teachers for the completion of work covered while they were out of class on school business. It must be in the Assistant Principal's office three days before the school-sponsored activity begins

**Student Request**

_____	_____	_____
Print Student's Name	Homeroom Number	Date of Activity
_____		
Reason for Activity		
_____		____/____/____
Signature of Faculty Member Authorizing use of this form		Date of Authorization

**Teacher-Approved Work Make-up Plan**

Student use this matrix to record the schedule preferred by their teachers for the completion of classwork during their absence.

Period	Class	Teacher's Name	Teacher's Initials under Preferred Plan		Date (Void if less than 3 days before event)
			Pre-submit work before event	Make up within 3 days after event	
HR					
1					
2					
3					
4					
5					
6					
7					

**Teacher Comment Section**


Form must be turned in to the office three days prior to the field trip.