



**Cross Plains ISD
Extra Curricular Activity
Student Release Form**



Event / Activity: _____

The following students will be absent on:

Release time: _____

(Date)

Periods of Absence (please mark with an "X"):

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1 2 3 4 5 6 7 8 ALL DAY

PLEASE LIST STUDENTS ALPHABETICALLY (LAST NAME / FIRST NAME / GRADE)

	LAST NAME	FIRST NAME	GRADE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

	LAST NAME	FIRST NAME	GRADE
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

NOTES:

Sponsor Signature: _____

Date: _____

Administrator Approval: _____

Date: _____