



DCON 2017 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) **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: