FLOWER MOUND HIGH SCHOOL
Team/Group Event Parent Permission Slip

This form reflects all days that your student will be absent or released early for their sport or group. Please review the dates and sign where indicated below. If this form is not received by the day of the event, the student will not be allowed to leave school to attend.

Team/Group Name_____

Date	Location	Period(s) Missed

I am aware that _____ will be leaving school on the above dates to participate in a school approved activity.

I release Flower Mound High School and the Lewisville I.S.D. from any liability should an accident occur during this trip.

_____ _____ _____

(Signature of Parent/Guardian) (Date) (Phone)

***ALL TRIPS MUST BE APPROVED BY MR. PAUL MOON**

Revised 8-13-07