

THE OAKS – A CLASSICAL CHRISTIAN ACADEMY
Off-Campus Event/Extra-Curricular Application Form

Student Name: _____ Date: _____

Parent Name: _____ Phone #: _____

Event/Activity of Interest: _____

Location of Event/Activity: _____

Event/Activity Contact: _____ Phone #: _____

*coach, instructor, etc.

Date Event/Activity Begins: _____ Date Event/Activity Ends: _____

Day(s) of the Week: _____

Event/Activity Start Time: _____ Event/Activity End Time: _____

Early Release Time: _____

Description of Event/Activity (include how this event/activity will impact the student's academic program)

Student Signature/Date

Parent Signature/Date

Please return the completed Form to the school office for review at least one week prior to the start of the activity.

Administrative Comments: _____

Approved: _____

Denied: _____

Administrative Signature/Date

The Oaks, A Classical Christian Academy