

SARDIS SECONDARY ATHLETIC PERMISSION

Name: _____ Student #: _____ Grade: _____

Date: _____ Sport: _____

PART D: TEACHER CONTACT

Please be aware that this student will participate in the sport as mentioned above for this school year. The Athletic Department does not wish to adopt a minimum grade policy but is very concerned about effort, behavior, and attendance. If you have any problems with this student, please contact the Athletic Director or the Coach/Sponsor. Please initial below to indicate this athlete has made contact with you.

SUBJECT:

	CLASS	TEACHER SIGNATURE
<u>DAY 1:</u>	PERIOD 1 _____	_____
	PERIOD 2 _____	_____
	PERIOD 3 _____	_____
	PERIOD 4 _____	_____

	CLASS	TEACHERS SIGNATURE
<u>DAY 2:</u>	PERIOD 1 _____	_____
	PERIOD 2 _____	_____
	PERIOD 3 _____	_____
	PERIOD 4 _____	_____