



**ATHLETICS
AFTER SCHOOL CONSENT FORM**

I, _____, am giving consent for my son/daughter (_____)
(Parent Name) (Student Name)

to leave Harvest Preparatory School at the stated time below to participate in an activity that will prohibit my son/daughter from participating in the scheduled study table with his/her team.

Date of Absence: _____

Time of Departure: _____ (not to precede the end of school at 2:30 PM)

Specified Reason: (Please provide details of where your son/daughter will be)

PARENT/GUARDIAN SIGNATURE: _____

**Please Note: This document is due the date of the absence
from the pre-scheduled study table.**