



CTE Activity Authorization

Student Name _____ Student# _____ Date _____

Description of Activity:

Activity _____ Location _____

Date(s) _____ Time _____

Transportation:

Will be provided as follows: _____

NO transportation is available through JSD.

Parent/Guardian Authorization

I authorize my child to participate in the CTE activity identified above. I recognize that I have full responsibility for my child during the time he/she is off a public school site and for the transportation to and from the activity if no transportation is available or if available transportation is not utilized.

Parent Name (Please Print) _____ Date _____

Address _____

Home Phone _____ Cell Phone/Other _____

Parent Signature _____

Jordan School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.

The District compliance Officer handles inquiries regarding non-discrimination policies.
Complaints can be made to School Counselors, School Administrators, or to the District Compliance Officer.