

Maple Heights City Schools

Release Form

Submit this form to Central Office, Attn: Curriculum Office at least 30 days prior to the date of the request.

Today's Date: _____ Building: _____

Name(s): _____ Subject/Grade: _____

Date(s) Requested: _____

Substitute Required: _____ Spot Substitute Required: _____

GIVE A BRIEF DESCRIPTION AND INSTRUCTIONAL PURPOSE OF THIS TRIP.

Trip Destination: _____

Time Leaving School: _____ (If applicable) Time Returning: _____ (If applicable)

Teacher or Coordinator Department Head or Director

Principal Curriculum Office

FOR OFFICE USE ONLY

Approved: _____ Denied: _____ Reason: _____

Superintendent

Date