Teammate: _____

| SET UBLC SCHOOLS | Mediation Tournament | Teammate: | | |
|--|-----------------------|-----------|--|--|
| CENTRAL ACT | October 26 - 28, 2023 | | | |
| CENTRAL | Permission Slip | | | |
| Please complete this form and return to Dr. Gogerty in the Central Academy Office: | | | | |
| | | | | |

Name: ______ Grade: ______

Home School: _____

Student ID Number:

Students participating in the school activity Mediation Tournament will miss all classes October 26 and Periods 5 – 8 on October 27. October 28 is a Saturday.

This absence will show up as a field trip. Please sign if the student is in good standing your class.

| Period | Class/ Teacher | Teacher Signature |
|--------|----------------|-------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Participants must be available on Saturday October 28, 9 AM – 3:15 PM, for the tournament final rounds!

Parent Signature: _____ Date: _____