## **Extended Learning Opportunities (ELOs) Program**

## Off Campus Permission Form

Your son/daughter an ELO that will take place off campus:	is requesting to participate in
Where:	When:
Students participating in off campus ELOs must as well as the rules and expectations of their EL the environment and conduct themselves in a pr	
Further details regarding the ELO plan can be for <i>Plan</i> , <i>ELO Implementation Plan</i> or the <i>ELO Jo</i> to unless other arrangements are made and all parts.	
It is expected that the student participating in of transportation to and from the ELO site.	f campus ELOs be responsible for their own
By signing the following you are agreeing to all campus ELO. You understand that your son/dat insurance carrier, PRIMEX, as long as they trav transport peers to and from their ELO site, and of your son/daughter drives to the ELO site during school as scheduled and will be required to sign	ughter will be covered under the district's rel directly to and from the ELO site, do not do not compromise any safety. It is expected that ng school hours, he/she will leave and return to
Please review this information with your son/da form and have your son/daughter return it to the questions please call 758-9248 or email me at detections.	ELO Coordinator. Should you have any
I give permission for my son/daughter to partici	pate in this off campus ELO.
Please choose one:  My son/daughter has permission to drive My son/daughter has permission to walk I will be arranging transportation to and	to and from the ELO site.
Parent Signature:	Date:
Student Signature:	Date: