



Workstation Permission to Leave Campus

(Student Name) is a student currently enrolled in a CTI work station class. There may be occasions when your child may need to leave campus with the group of students and supervisor to which he/she is assigned.

By signing this form I give permission for my child to leave campus with his/her supervisor and students that he/she assists.

If you have further questions please contact **(CTI Coordinator)** at **(Phone Number)** or email at **(E-mail address)**.

Student Signature _____

Date_____

Parent Signature _____

Date_____

