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**TEACHER PERMISSION FORM**

Student Name: \_\_\_\_\_

Current Grade: 9 10 11 12

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_

Semester: Year      Fall      Spring

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair Signature, if required: \_\_\_\_\_

Date: \_\_\_\_\_

*This signed form does not guarantee enrollment in the class.*

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