

PARENTS' ADVISORY COUNCIL**ACTIVITY AUTHORIZATION FORM***(not including Parents' Advisory Council Meetings)*

SCHOOL: _____

DATE(S) & TIME(S): _____

ACTIVITY DESCRIPTION: _____

NUMBER OF STUDENTS INVOLVED: _____

NUMBER OF TEACHERS INVOLVED: _____

NUMBER OF PARENTS INVOLVED: _____

PARENT SPONSOR/ORGANIZER: _____

AUTHORIZATION_____
Signature of PAC President/designate_____
Date_____
Signature of Principal_____
Date