HFM CAREER & TECHNICAL EDUCATION

Career and Technical Center
2755 State Hwy 67
Johnstown, NY 12095
(518) 736-4330 • Fax (518) 736-4331

Michael DiMezza, Principal and Director of CTE

Michael Ott, Assistant Principal of CTE

FULL DAY PERMISSION FORM

Please Print

Today's Date_____

_____

(Student's Name) (PROGRAM & AM or PM)

For the purpose of_____

_____

STUDENTS ARE TO REMAIN IN THE CAREER & TECHNICAL CENTER THE ENTIRE SCHOOL DAY.

1. Date of All Day Visit_____
2. Career & Technical Teacher Signature_____
3. Career & Technical Administrator Signature_____
4. Parent/Guardian Signature_____
5. Home School Administrator Signature_____
6. Home School Attendance Secretary Signature _____

CTE Instructor: Please collect <u>completed</u> permission form and return to the Career & Technical Center main office.

Note: Please list classes that you will be missing and get signatures of the teachers.

1._____ 5._____

2._____ 6._____

3._____ 7._____

4._____ 8._____

*<u>*The CTE or the home school reserves the right to refuse approval of this form.</u>*