

Dunlap School District Activities Code Agreement 2017-18 School Year

We hereby acknowledge viewing the Activities Code Video and have received a copy of the Student Activities Code. We also acknowledge our intent to adhere to all aspects of the code.

Participant Name:

Last

First

M.I.

Street Address:

City: _____ Zip Code: _____

Parent/Guardian(s) Name:

Last

First

M.I.

Parent/Guardian Phone Number: _____

Participant Signature: _____ Date: _____

Parent/Guardian(s) Signature: _____ Date: _____