

Mullin ISD

School Activity Attendance Form

Campus _____

Date _____

Requesting Teacher's Name _____

(Date of Trip)

(Departure Time)

(Return Time)

(Destination)

Is this activity for: Extra-Curricular Non UIL Extra Curricular UIL Visit Higher Ed Institution

(Number of Student Participants)

Purpose of Trip/Link to Standard Course:

Has the Cafeteria been notified? Yes No
Are sack lunches needed? Yes No If Yes, How Many? _____

Names of Supervising Teachers and Parents:

Bus Driver Name:

Approve Disapprove

Principal _____
(Signature)

Teacher Signature
(Upon Departure from Campus)

_____:____ AM/PM
Time

Date

Teacher Signature
(Upon Arrival on Campus)

_____:____ AM/PM
Time

Date

****Please staple Attendance Roster of students participating to the back of this form****