



Kamehameha Middle School Boarding Program



REOCCURRING Off Campus School Activity Request

This form must be completed & submitted to Head Dorm Advisor **ONE WEEK PRIOR** to permission being granted for any off campus after school activities. Failure to notify KMS Boarding Staff in a timely manner may result in inability to attend proposed off campus activity. Information must be complete to allow student to participate in off campus activities.

Student's Name:

_____ Last Name _____ First Name _____ M.I. _____

Student ID#: _____

Student Cell#: _____

Proposed Activity: _____

Location: _____ P/U Time @ Dorm: _____ Return to Dorm: _____

Information about proposed activity, including date range & days (ex...9/1/13-11/24/13; Tues/Thurs):

Please provide a timeline of the activity while off campus (ex...3:30 p/u, practice from 3:45-5:30, return to dorm at 6:00):

Individuals authorized to transport students to/from activity

Name	Relationship to Student	Car Make/Model	License Plate #	*Phone#	Secondary Phone#

*Must be a number the authorized individual can be at reached while student off campus at approved activity.

Authorized individuals assume responsibility for students while off campus until checked back in with Dorm Advisor.

Students must check back in with their dorm advisors by 7:00 pm, unless other arrangements have been approved by KMS VP of Boarding. If you will miss dinner, it is the student's responsibility to request a take-out dinner from the dining hall. Dining hall responsibilities must be completed as assigned. Arrangements with KMS Boarding Dining Staff must be made by the student if they are unable to complete their assigned tasks.

Signature of Parent/Guardian _____ Date _____ Student Signature _____ Date _____

Head Dorm Advisor _____ Date _____ VP of Boarding (if needed) _____ Date _____