

**Herndon Career Center/Southland CAPS
STUDENT OPT-OUT FORM
FROM HERNDON/CAPS ACTIVITY**

Name of Student _____

Home School _____ **HCC/CAPS Program:** _____

Date of field trip: _____

AM Session Only

PM Session Only

Full School Day

Student opt-out due to:

Lack of interest

Physical limitations (Dr note required)

No permission slip

Other _____

Details: _____

Designated plan for student:

*TBD by home school, student may not report to HCC or CAPS due to lack of supervision.

**The persons listed below must approve this request prior to the student's absence. This form will be returned to the attendance secretary at Herndon to be recorded and maintained in the student's file.*

Herndon Career Center/CAPS Program Instructor

Date

Home School Counselor/Administrator

Date

Parent Signature

Date

