

**LEEP SIGN-OUT FORM**

This form must be signed by all of your teachers and others indicated. It must be returned to the main office by the due date (see website or packet). When this form is turned in, complete with all the required signatures, **Mr. Weidner** will sign it.

STUDENT NAME \_\_\_\_\_  
(Please print)

HOMEROOM \_\_\_\_\_

COURSE	TEACHER SIGNATURE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIBRARY \_\_\_\_\_

GUIDANCE COUNSELOR \_\_\_\_\_

GUIDANCE OFFICE (Mrs. McGowan) \_\_\_\_\_

NURSE \_\_\_\_\_

LEEP TEACHER SPONSOR \_\_\_\_\_

MAIN OFFICE (Mrs. Dean) \_\_\_\_\_

PATHWAYS COORDINATOR (Mr. Weidner) \_\_\_\_\_

I CERTIFY THAT I WILL BE WORKING 5 HOURS A DAY, FOR THE DURATION OF THE LEEP EXPERIENCE, AND I WILL RECEIVE NO PAY FOR THIS WORK.

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(Signature) \_\_\_\_\_ (DATE) \_\_\_\_\_