

**BEACHWOOD CITY SCHOOL DISTRICT**  
**CERTIFICATED STAFF EVENING MEETING/CHAPERONE FORM**

STAFF MEMBER'S NAME \_\_\_\_\_

(please print)

Building:    \_\_\_ High School  
              \_\_\_ Middle School  
              \_\_\_ Hilltop  
              \_\_\_ Bryden  
              \_\_\_ Fairmount

Activity \_\_\_\_\_

**Meeting Date:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **PM**    **End Time** \_\_\_\_\_ **PM**

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Principal's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use

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Office Use