

DNOW TIME AWAY PERMISSION SLIP

NAME _____ GRADE _____

HOME PHONE _____ CELL _____

REASON FOR LEAVING:

I WILL BE GONE: DAY _____ TIME: FROM _____ TO _____

PHONE WHERE I CAN BE REACHED WHILE GONE: _____

Student Signature

Parent Signature

APPROVAL BY STUDENT STAFF
(NEEDED ONLY IF YOU ARE GONE MORE THAN ONCE OR LONGER THAN 3 HOURS)

HOST FAMILY

LEADER

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