

# 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  
\_\_\_\_\_