FORSAN HIGH SCHOOL

REQUEST FOR STUDENTS TO BE EXCUSED FROM CLASS

Please turn this form in to the office ***three (3) days*** *prior to your departure.*

_____ (ORGANIZATION / GROUP LEAVING CAMPUS)

_____ (DAY & DATE TO BE DISMISSED FROM CAMPUS)

_____ (TIME TO BE DISMISSED)

_____ (TIME DEPARTING CAMPUS)

_____ (TIME RETURNING TO CAMPUS)

_____ (LOCATION GOING)

_____ (REASON LEAVING CAMPUS / PURPOSE OF ABSENCE)

IF STAYING OVERNIGHT, ACCOMMODATION INFORMATION: _____ (NAME OF MOTEL / HOTEL)

_____ (CITY, ADDRESS, PHONE NUMBER, ETC.)

ALPHABETIZE NAMES OF STUDENTS BY CLASSIFICATION (ATTACH ADDITIONAL SHEET IF NECESSARY)

(ID # & LAST, FIRST NAME) ***SENIORS***	*(ID # & LAST, FIRST NAME)* ***JUNIORS***	*(ID # & LAST, FIRST NAME)* ***SOPHOMORES***	*(ID # & LAST, FIRST NAME)* ***FRESHMEN***

I HAVE CHECKED BOTH ATTENDANCE AND ELIGIBILITY FOR THE STUDENTS LISTED AND AFFIRM THAT THEY ARE ELIGIBLE.

_____ **SPONSOR'S SIGNATURE**

_____ **DATE**

Updated 12/08/08