FORSAN JUNIOR 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)	***(ID # & Last, First Name)***	***(ID # & Last, First Name)***
8TH GRADE	**7TH GRADE**	**6TH GRADE**

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

_____ _____
SPONSOR'S SIGNATURE **DATE**

Updated 12/08/08