

# Time Away Card

Students Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date Leaving: \_\_\_\_\_ Time Leaving: \_\_\_\_\_

Date Returning: \_\_\_\_\_ Time Returning: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Who will be providing transportation? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_



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