

FAME
STUDENT REQUEST FOR ABSENCE FOR SPECIAL ACTIVITY

Please complete when specific dates and schedules become known and send to
FAME office at that time.

STUDENT'S NAME _____

Grade _____ Date(s) of Activity _____ - _____
Start End

To be excused from FAME Saturday sessions for the dates listed because of my
participation in the activity named below:

NAME OF ACTIVITY

Date of Session(s) that will be missed:

My parents and I understand that my place in the FAME Program will not be
reserved if I miss two (2) sessions after the ending date of the activity named above.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Address: Street _____

City _____ State _____ Zip _____

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Approved _____ Not Approved _____ Date _____

Signature _____

Program Director