

**Request for Time Away from IMPACT WEEKEND**

**TURN IN “TIME AWAY” FORM AT CHECK-IN STATION –THE STUDENT’S PARENT MUST COORDINATE ALL PICK-UP AND RETURN TIMES WITH THE HOST HOME PARENT (PICK-UP AND RETURN TO THE HOST HOME OR RV CAMPUS ONLY)**

Parent's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student's Name: \_\_\_\_\_

I am requesting permission for my student to be away from **IMPACT WEEKEND** on \_\_\_\_\_(Day) from \_\_\_\_\_(Time) to \_\_\_\_\_(Time).

He/She will be participating in \_\_\_\_\_ (Event or reason to be away)

I give my permission for my student to leave **IMPACT WEEKEND** for this reason and during the time specified.

Transportation: \_\_\_\_\_

(Parent, student driving their own car, another adult driving – list adult’s name & cell #)

\_\_\_\_\_  
Parent/Guardian signature - Date

**THE PARENT MUST COORDINATE ALL PICK UP AND RETURN TIMES WITH THE HOST HOME PARENT. PICK-UP and RETURN from/to the HOST HOME or the RV CAMPUS only.**

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