

PARENT PERMISSION REQUEST FOR TRAVEL

Requests should be submitted one week to ten days before the date of travel. After the request is reviewed by your child's program counselor, you will be contacted by the clinical secretary. If you have not received a call by noon the day before your scheduled travel, you must contact the Clinical Secretary's Office at (404) 434-8679 for the response.

In Town Parent _____ Out of Town Parent _____

HOME PHONE # _____ OFFICE PHONE # _____

NAME: _____ DATE: _____

SON OR DAUGHTER _____ PHASE: _____

TRAVEL TO: _____

REASON FOR TRAVEL: _____ BUSINESS* _____ PERSONAL

* Has your employer mandated this: _____ Yes _____ No

EXPLAIN FULLY: _____

WHO WILL YOU BE TRAVELING WITH? _____

DATE LEAVING _____ TIME LEAVING _____

DATE RETURNING _____ TIME RETURNING _____

WHERE YOU CAN BE REACHED:

NAME OF HOTEL OR MOTEL (If applicable): _____

ADDRESS OF YOUR LOCATION: _____

PHONE # (DAY) (_____) _____ # (NIGHT) (_____) _____

TYPE OF TRANSPORTATION: _____

SIGNATURE: _____

APPROVED _____

NOTIFIED DATE: _____

DECLINED* _____ BY: _____

BY: _____

*REASON _____