

**SPRING FAMILY WEEKEND
DAY LEAVE PERMISSION FORM, 2008**

Student's Name _____

Parent/Guardian's Name _____

Phone # _____ email _____

- I give permission for my daughter to take a **day leave** on **Saturday, May 3** with
Name of person _____
Driver _____
Destination _____
Time _____ (day leaves permitted from 1:30-7:00pm)

- I give permission for my daughter to take a **day leave** on **Sunday, May 4** with
Name of person _____
Driver _____
Destination _____
Time _____ (day leaves permitted from 9:00 am – 7:00 pm)

FOR SENIORS ONLY:

- I give permission for my daughter to take a **day leave** on **Friday, May 2** with
Name of person _____
Destination _____
Driver _____
Time _____ (day leaves permitted from 9:00 am – 2:30 pm
provided all commitments have been fulfilled)

Parent/Guardian

Signature _____ date _____

Please complete this form and submit it to Keith Krusz, Dean for School Life, by Friday, April 21. You may mail the form to P.O. Box 158, Tappahannock, VA 22560 or fax to (804) 443-3069.