

**CPOP SCHOOL  
PARENT OUT OF TOWN  
INFORMATION FORM**

**FAMILY NAME:** \_\_\_\_\_

**CHILD(REN)'S NAME(S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEACHER(S):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT'S DATE OF ABSENCE:**

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**IN MY ABSENCE,** \_\_\_\_\_

\_\_\_\_\_ (RELATIONSHIP)

HAS PERMISSION TO MAKE DECISIONS REGARDING MY CHILD(REN) IN THE  
EVENT OF ILLNESS OR AN EMERGENCY.

**PHONE NUMBERS WHERE THIS PERSON CAN BE REACHED:**

\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS / SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT(S) / GUARDIAN SIGNATURE:**

\_\_\_\_\_  
\_\_\_\_\_

**DATE:**

\_\_\_\_\_  
\_\_\_\_\_