



SLU 10568
Hammond, LA 70402

985-549-5708
985-549-3477 (Fax)

Upward Bound
Math Science Upward Bound

(PLEASE PRINT)

Name: _____ Date of Anticipated Absence: _____

Reason for Absence: _____

Parent Signature

Date

Participants in the Upward Bound/Math Science Programs must have written parental consent prior to absence. This form **must** be provided to the staff prior to date of absence. Remember, he/she will not have an excused absence without prior approval by Upward Bound/Math Science Upward Bound staff without proper completion of this form.

- Form turned in after absence:
 Approved Unapproved

Assistant Director: _____ Date: _____