

**University of Wisconsin-Madison
PEOPLE Program**

Summer Excusal Request Form

Student Name _____ Date Submitted: _____

Current Grade Level _____ School _____

Parent/Guardian Name _____ Telephone/Cell Phone: _____

Reason for Request

Appointment: _____

***The program may request a doctor's excuse as deemed necessary**

*** Fill bottom portion: Date and Time of Absence**

Family Trip: _____

*** Fill bottom portion: Date and Time of Absence**

Other Summer Program/Class Trip: _____

Where: _____

Date of program: _____

Other: _____

Date and Time of Absence:

Date Absent	Parent/Guardian Signature	Pick Up Time	Return Time	Name of person authorized to pick-up

Comments: * Attach request in writing (if applicable)

Request Submitted By (Parent/Guardian Name): _____

Request Received By (PEOPLE Staff Name): _____

Attachment: ___ Yes ___ No

Disclaimer: All requests must be submitted prior to the start of the program. Requests submitted during the summer program will not be considered only in the event of an emergency. Completing this form DOES NOT guarantee your request will be approved. Return completed forms to: PEOPLE Program Office, 1305 Linden Drive, Suite 240, Madison, WI 53706 or fax to (608) 263-0655.

OFFICE USE ONLY:

Approved: ___ Yes ___ No

Follow-up with Family/Notification: ___ Yes ___ No

Date: _____
Initial _____

Comments:

Program Coordinator Signature

Date

Program Manager Signature

Date