



**City of Lafayette  
2010-2011 B.A.S.E.  
Absence / Schedule Change**

CHILD'S NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

DATE(S) OF LEAVE

FIRST DAY OF CHANGE: \_\_\_\_\_

LAST DAY OF CHANGE: \_\_\_\_\_

REASON/EXPLANATION: \_\_\_\_\_

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

\_\_\_\_\_  
Parent or Legal Guardian Signature      Date

\_\_\_\_\_  
B.A.S.E. Staff Signature                      Date

\_\_\_\_\_  
Recreation Supervisor Signature      Date



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