



HEP Unaccompanied Youth Request Form

Please fill out all sections that apply to your request and submit to the school secretary.

Request Date

Student's First and Last Name

Student ID #

I. Absences/Early Dismissal

A. I was **OR** I will be Absent for ___ days OR hours on the following Date(s):
_____ through _____

B. Reason for Sick Scheduled Appointment Injury Other (please explain):
Absence: Missed my bus Personal or Family Emergency _____

II. Changes to Address/Phone Number/Emergency Contacts

A. I am requesting a change to the following information in Infinite Campus (check all that apply):
 Transportation Address Mailing Address Phone Number Emergency Contacts

B. 1. New address or phone number:

2. New Emergency Contact information:

Name: _____ Date of Birth: _____

Address: _____ Apartment #: _____ Zip Code: _____

Phone Number: _____ Relationship to Student: _____