

DOUGHERTY ARTS CENTER

1110 Barton Springs Rd, Austin, TX 78701 · Phone: 512-974-4000 · Fax: 974-4039



Youth Programs FRIEND REQUEST FORM

This form is required to request **ONE** friend enrolled in the same program to be placed in your child's group.

- This form must be submitted by a parent/guardian for **BOTH** interested students in order to be considered.
- A Program Specialist will contact you with any questions or concerns regarding this request.

Requesting Student's Name: _____ Age: _____ Birthdate: _____

Parent/Guardian Name: _____ Daytime Phone: _____

Requested Friend's Name: _____

Program Name: _____ Session/Dates: _____

Read and Initial the following statements:

_____ I understand that only **ONE** Friend Request per student per program is allowed.

_____ I understand that my request must be submitted 7 days prior to the first day of class.

_____ I understand that the older student will always be placed in the younger student's group.

_____ I understand that this request will be considered but is not guaranteed.



Parent/Guardian Signature: _____ Date: _____

THIS PORTION FOR STAFF USE ONLY:

Reviewing Program Specialist: _____ Date: _____

Both Forms Received? _____ YES _____ NO

Friend Request Decision: _____ Approved

_____ Denied; Reason: _____

The City of Austin is committed to compliance with the Americans with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request. For assistance, please contact 512- 974-3914 or Relay Texas 7-1-1.