APPLICATION FOR STUDENT LEAVE

DATE SUBMITTED: _____   Grade(s): _____

NAME OF STUDENT(S):

_____

DATE OF **DEPARTURE** FROM SCHOOL: _____ TIME:_____

DATE OF **RETURN** TO SCHOOL: _____ TIME:_____

REASON FOR LEAVE REQUEST: _____

_____

Parent/Guardian Signature: _____

This leave will be   excused_____   unexcused _____

_____   _____

    Administrator   Date

1. Students are responsible for completing all assigned work within a reasonable period of time as determined by classroom teachers. Work missed while gone will receive full credit unless otherwise noted.
2. Students with 10 or more absences during a semester may lose credit for the semester.
3. Except in the case of emergencies, students who do not file leave requests and miss school may be considered unexcused.

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