



STUDENT REQUEST FOR LEAVE OF ABSENCE

ALL vacations and leaves must be submitted two weeks in advance with final approval from the Principal.

Family's Last Name _____

Date(s) to be absent _____

Student(s) Name and Grade Level(s)

Reason for the Leave:

_____ Sick/Medical

_____ Bereavement

_____ Vacation

_____ Other:

Explain _____

Parent Signature _____ Date _____

After approval from the Principal, a copy is sent to the teacher so the teacher can make arrangements concerning lesson plans and due dates of assignments. Adjustments may be made at the teacher's discretion.

Approval
Signature _____ Date _____

For Administrative Purposes:

_____ Parents notified of approval via Jupiter _____ Teachers notified of absence via Jupiter

_____ Student's absence added to Jupiter and to school absence calendar