

PLANNED LEAVE OF ABSENCE REQUEST FORM

Student _____ **Date requested** _____

Leave date(s) _____

Reason for Leave _____

Parent/Guardian signature _____

Information from Teachers

Period	Teacher Signature	Advance Make-up Work	Date
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

Superintendent/Secretary Signature _____ **Date** _____