



Fort Recovery High School Student Leave Request Form

Student Name: _____

Grade: _____

Date Submitted: _____

Total number of days student will be absent from school: _____

Dates student will be absent: _____

Students shall be granted up to 12 excused absences per year. Additional absences shall be unexcused unless medically certifiable

Please select the reason for requested leave and list destination below:

_____ vacation

_____ hunting (max of 2 days)

_____ college day-- non-absence (limit of 3) if written verification from the university is received within 3 days
Additional days may be granted, but will count as absences

_____ job shadow-- non-absence (limit of 2) if job shadowing form is completed
Additional days may be granted, but will count as absences

_____ other (explain below)

Destination: _____

We understand that this form must be turned in PRIOR to the leave. STUDENTS MUST COLLECT ASSIGNMENTS AND OBTAIN TEACHER SIGNATURES ON THE REVERSE SIDE.

Student Signature: _____

Parent Signature: _____

Date: _____

After all assignments/teacher signatures have been collected, THIS FORM MUST BE TURNED IN TO THE OFFICE FOR FINAL APPROVAL by the principal:

Principal Signature: _____

Date: _____

_____ copy given to student (2-sided)

STUDENT ASSIGNMENTS (leave dates on reverse)

Teachers: This form is intended to help the student complete as many assignments as possible PRIOR to the leave. Unless other arrangements have been made with the teacher, **all assignments are due upon the student's first day returning to school.**

Period 1 course: _____
Assignments:

Period 2 course: _____
Assignments:

Teacher Signature: _____

Teacher Signature: _____

Period 3 course: _____
Assignments:

Period 4 course: _____
Assignments:

Teacher Signature: _____

Teacher Signature: _____

Period 5 course: _____
Assignments:

Period 6 course: _____
Assignments:

Teacher Signature: _____

Teacher Signature: _____

Period 7 course: _____
Assignments:

Period 8 course: _____
Assignments:

Teacher Signature: _____

Teacher Signature: _____

This section is required for **Job Shadowing** students only:

_____ *student received job shadowing form*

Guidance Counselor Signature: _____