



Fort Recovery Local Schools

Student Leave Request Form

Student Name: _____

Grade: _____

Date Submitted: _____

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

Dates student will be absent: _____

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

____ vacation _____

____ hunting (max of 2 days)

____ college day (HS only) _____
*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 (HS only) _____
*non-absence (limit of 2) if job shadowing form is completed
additional days may be granted, but will count as absences*

____ other (explain) _____

We understand that this form must be turned in at least 24 hours PRIOR to the leave and time missed may count toward the student's attendance threshold. **STUDENTS MUST COLLECT ASSIGNMENTS AND OBTAIN TEACHER SIGNATURES ON THE REVERSE SIDE.**

Student Signature: _____

Parent Signature: _____

Date: _____

- OFFICE USE ONLY -

attendance note:

As of _____, this student has missed _____ hours this school year. This leave will put the student at _____ hours. Students are only allowed to be excused up to 38 hours in one month or up to 65 hours per year without a medical excuse.

After all assignments/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)

Unless other arrangements have been made with the teacher, the length of time for completion of make-up work shall commensurate with the length of absence.

Course #1: _____

- Check Google Classroom for assignments/class activities
- See teacher upon return

Assignments/Notes:

Teacher Signature: _____

Course #2: _____

- Check Google Classroom for assignments/class activities
- See teacher upon return

Assignments/Notes:

Teacher Signature: _____

Course #3: _____

- Check Google Classroom for assignments/class activities
- See teacher upon return

Assignments/Notes:

Teacher Signature: _____

Course #4: _____

- Check Google Classroom for assignments/class activities
- See teacher upon return

Assignments/Notes:

Teacher Signature: _____

Course #5: _____

- Check Google Classroom for assignments/class activities
- See teacher upon return

Assignments/Notes:

Teacher Signature: _____

Course #6: _____

- Check Google Classroom for assignments/class activities
- See teacher upon return

Assignments/Notes:

Teacher Signature: _____

Course #7: _____

- Check Google Classroom for assignments/class activities
- See teacher upon return

Assignments/Notes:

Teacher Signature: _____

Course #8: _____

- Check Google Classroom for assignments/class activities
- See teacher upon return

Assignments/Notes:

Teacher Signature: _____

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

____ student received job shadowing form

Guidance Counselor Signature: _____