



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)

____ medical appointment/procedure *(must provide medical slip upon return to school)*

____ college day **(HS only)**-- non-absence (limit of 3) if written verification from college 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 this form must be turned in at least 24 hours PRIOR to the leave. **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 for the school year. This leave request will put your child at _____ hours. Please keep in mind, students are only allowed to be excused up to 38 hours in one month or up to 65 hours in a year without a medical excuse.

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: _____

____ Copy given to student

Date: _____

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. It is the student's responsibility to complete this form accurately.

Unless other arrangements have been made with the teacher, **all assignments are due upon the student's first day returning to school.**

Course #1: _____
 Check Google Classroom for assignments/class activities
Assignments/Notes:

Teacher Signature: _____

Course #2: _____
 Check Google Classroom for assignments/class activities
Assignments/Notes:

Teacher Signature: _____

Course #3: _____
 Check Google Classroom for assignments/class activities
Assignments/Notes:

Teacher Signature: _____

Course #4: _____
 Check Google Classroom for assignments/class activities
Assignments/Notes:

Teacher Signature: _____

Course #5: _____
 Check Google Classroom for assignments/class activities
Assignments/Notes:

Teacher Signature: _____

Course #6: _____
 Check Google Classroom for assignments/class activities
Assignments/Notes:

Teacher Signature: _____

Course #7: _____
 Check Google Classroom for assignments/class activities
Assignments/Notes:

Teacher Signature: _____

Course #8: _____
 Check Google Classroom for assignments/class activities
Assignments/Notes:

Teacher Signature: _____

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

____ student received job shadowing form

Guidance Counselor Signature: _____