

East Chapel Hill High School

REQUEST FOR A LEAVE OF ABSENCE

Please check all that are applicable:

****Educational Opportunity** _____

****Immediate Family Illness/Death** _____

****Athletic Event** _____

****Religious Observance** _____

One week prior approval is required for an absence to be excused. The intent of the experience should be educational from the outset and should be comparable to an opportunity which the student would experience in school. Signing this form assures the student's absence is for an event indicated above.

Leave of absences are not accepted one week prior or after a holiday/break, nor the month of May.

Please speak with your teachers regarding your absence(s) after May 1st.

It is the student's responsibility to present this form to teachers and to arrange for make-up work.

As the Parent/guardian of _____, I assure the absence from school for the date(s) of _____ is for the event indicated above.

Student Signature

Signature of parent/guardian

Date

Phone number where parent/guardian may be reached during business hours: _____

Please briefly describe your request for a leave of absence **AND** attach documentation regarding your request. Request will be denied without proper documentation.

Attachments: Yes No

Approved

Not Approved

Principal/Date

Periods	Course Name	Teacher Signature	Additional comments
Period 1			
Period 2			
Period 3			
Period 4			
Period 5			
Period 6			
Period 7			

Return Form To Quad A Office

DATE RECEIVED: _____

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2019-2020