

# CAESAR RODNEY HIGH SCHOOL

## Student Family Trip/Request for Leave Form

*(This form must be returned to the Attendance Office "48 hours" prior to leave)*

### PERSONAL DATA *(Please Print)*

Name:	Grade:
Street Address:	Contact Phone:
City, State & Zip:	Alternate Phone:

### LEAVE INFORMATION *(Please Print)*

Destination:
Reason:

<u>Total Number of School Days To Be Missed:</u>	<u>Date of First School Day To Be Missed:</u>	<u>Date of Last School Day To Be Missed:</u>	<u>Date RETURNING To School:</u>
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### STUDENT SCHEDULE *(To Be Completed By Teacher)*

*Each teacher must initial the form before the request can be processed.*

*Teachers should make comments regarding the student's attendance and grade in class.*

Class Period:	Course/Class	Teacher's Initials	Comment(s)
1			
2			
3			
4			
5			
6			
7			
8			

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Excused Absence

Unexcused Absence

***Teachers will be notified if request is not approved (Unexcused)***