

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>	
--	--	---	--	--	--	----------------------------------	--

STUDENT SCHEDULE

Class Period:	Course/Class
1	
2	
3	
4	
5	
6	
7	
8	

Student Signature: _____

Parent Signature: _____

Administrator Signature: _____

Excused Absence

Unexcused Absence

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