

## Application for Educational Leave of Absence

Please complete *ALL SECTIONS* and return to school.

Student Name: \_\_\_\_\_ Room: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of the Trip: \_\_\_\_\_

Specific Plans for Educational Enrichment: \_\_\_\_\_

Arrangements for Completing Missed Work: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_

Principal/CAO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total # of school days approved: \_\_\_\_\_

**\*\*Educational Leave of Absence will only be approved for up to ten days.**

cc: teacher, parent/guardian, student file