

**Washington County School District**  
**Request for Educational Leave – Secondary**

*This form must be completed prior to the leave.*

NOTE: *Please check District guidelines for trips that qualify for educational leave.*

I (we) as parents/guardians of \_\_\_\_\_ in grade \_\_\_\_\_ request educational leave for the following dates:

\_\_\_\_\_

The trip should be considered educational leave for the following reason (must have an educational component):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Teachers, please complete the blanks below:***

Period:	Course:	Teacher:	Assignments:
0			
1			
2			
3			
4			
5			
6			
7			
8			

Turn in as many assignments as possible before you leave. Many activities are difficult to make up outside of class. Work with your teachers to make up anything you missed while you were gone.

REQUEST APPROVED:  Administrator's Signature: \_\_\_\_\_

REQUEST NOT APPROVED:  Administrator's Signature: \_\_\_\_\_