

Honeoye Falls-Lima High School

Application for Special Leave of 2 or more days

Student Name: _____ Counselor _____ Grade _____

Type of Leave (educational, family vacation, other) _____

Dates of requested leave (**1st day**) _____ (**last day**) _____

Teachers: Please make a statement regarding the present status of this student in your class. Indicate what you believe will be the effect of this request on his/her performance in the course.

Subject: Teacher's Signature Present status & effect of leave on Student

Parent's Acknowledgment: It is understood that this form must be completed and filed five school days before leaving. No credit will be given for any work or tests missed during such absence unless the student meets all aspects of these conditions:

1. The student must inform each teacher of his absences at least 5 days before leaving and secure all his/her teachers' signatures. These signatures acknowledge that the student has requested. Assignments and necessary materials to meet class requirements.
2. The student must meet with all his/her teachers within 3 days of his/her return to arrange for necessary make-up work.

It is understood that the responsibility for making up class work is entirely the student's.

Parent signature _____

This form, complete with signatures, must be returned to the Attendance Office within 5 school days preceding the absence.