

REQUEST FOR EDUCATIONAL LEAVE  
CALHOUN COUNTY SCHOOLS

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Beginning Date of leave \_\_\_\_\_ Ending Date of leave \_\_\_\_\_

These dates include \_\_\_\_\_ day(s) of travel by \_\_\_\_\_ method. Has the student previously been granted educational leave for this or a similar activity? \_\_\_\_\_. If yes, state when \_\_\_\_\_ and describe the previous activity \_\_\_\_\_

Describe the educational activities in which student will be participating.

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Describe how student plans to share this educational experience with peers

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In addition, the student is responsible for all classroom assignments issued during his/her Educational Leave. The assignments are to be completed and turned in accordance with school policy for make-up work upon student's return from Educational Leave.

**Attach a copy of the student's current attendance and grades to this application.**

\_\_\_\_\_  
**Teacher Signature & Approval for 5 minutes of classroom time to share with peers:**

\_\_\_\_\_  
Student Signature and Date

\_\_\_\_\_  
Parent Signature and Date

**When this request is approved and signed a copy will be returned to student and parent.**

\_\_\_\_\_  
School Principal and Date

\_\_\_\_\_  
County Attendance Director and Date