



INTERNATIONAL  
COMMUNITY SCHOOL

## STUDENT REQUEST FOR LEAVE OF ABSENCE

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**All vacations and leaves must be submitted two weeks in advance with final approval from the Principal/Chief Administrator.**

Family's Last Name \_\_\_\_\_ Date(s) to Be Absent \_\_\_\_\_

Student's Name(s) and Grade Level(s) \_\_\_\_\_

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Reason for the Leave:

\_\_\_\_\_ Sick/Medical

\_\_\_\_\_ Vacation

\_\_\_\_\_ Bereavement

\_\_\_\_\_ Other: Explain \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

After approval from the Principal/Chief Administrator, it is the parent's responsibility to contact teachers concerning lesson plans and due dates of assignments. Adjustments may be made at the teacher's discretion.

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