

Seneca East Local Schools Leave Request

Parents request permission for their child to miss school for the purpose as listed below should complete this form and return it to the school office prior to the anticipated absence.

_____ Family Vacation _____ College Visit _____ Farm Day _____ Medical/Surgery

Student Name _____

Date of absence _____ 20____ to _____ 20____

Please list teachers accordingly. Teachers will sign off in acknowledgement of the absence.
Teacher and student will discuss the due dates of missed assignments

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Signature of Parent/Guardian _____ Date _____

Signature of Administration _____ Date _____