Leave Request Form			Student Name
Description of Request (continue on back if necessary)			
-			
Date to Leave Campus	ampus Date to Return		Dean's Signature
Dute to Beat Compus	Duce to Recuir		
/	/		Transportation/Driver
Timeam or pm	Timeam or pm		
Classes Missed	Teacher's Signature		Comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Work Supervisor Signature			
Tour/Music Group Teacher Signature			
Return Completed Form to the School Office.			
All requests must have signatures for appointments missed.			
(Classes—teacher, work—work supervisor, tour—organization leader, class commitment—class sponsor.)			
Parent's permission email must be sent to leaverequest@ozarkacademy.org			
in addition to this completed form for absences to be excused.			
Office Use			
Арр	proved	Denie	d Modified
Comments			
Principal's Signature			
Attendance Recorded Email Notification to Staff Email Notification to Parent			