

<b>Leave Request Form</b>		Student Name
Description of Request (continue on back if necessary)		
<hr/> <hr/> <hr/>		
<b>Date to Leave Campus</b>	<b>Date to Return</b>	Dean's Signature
____/____/____	____/____/____	
Time ____ am or pm	Time ____ am or pm	Transportation
<b>Classes Missed</b>	<b>Teacher's Signature</b>	<b>Comments</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Work Supervisor Signature		
Tour/Music Group Teacher Signature		
<b>Committee Action</b>		
Approved	Denied	Modified
Comments		
<hr/> <hr/> <hr/>		
Principal's Signature		

***Parents email to [leaverequest@ozarkacademy.org](mailto:leaverequest@ozarkacademy.org) must be submitted in addition to this completed form for absences to be excused.***

***All requests must have signatures for appointments missed.  
(Classes—teacher, work—work supervisor, tour—organization leader, class commitment—class sponsor.)***