



Marion Local Schools

7956 State Route 119 - Maria Stein, Ohio, 45860
Phone: 419-925-4294 - Fax: 419-925-0212

STUDENT LEAVE REQUEST FORM

Student Name _____
Date(s) of Absence _____

Please select the reason for requested leave and list destination below:

- _____ College Visitation/placement testing (limit of 3)
- _____ Job Shadow (limit of 3)
- _____ Vacation (with family)
- _____ Hunting (max of 3 days)
- _____ Other (explain below)

Destination _____

We understand that this form must be turned in PRIOR to the leave. Students must collect assignments and obtain teacher signatures below.

Class Periods (Needs Teacher Signatures)

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

Parent Signature: _____

Date: _ _____

After all assignments/teacher signatures have been collected, this form must be turned in to the office for final approval by the principal. This is not an excusable absence unless signature of building principal is affixed.

Principal Signature: _____ Date: _____