

All Sections of this form must be completed and returned to the school.

STUDENT TO COMPLETE THIS SECTION:

Student Name: _____ Travel Dates: _____

No Classes will be missed Some Classes will be missed All Classes will be missed on: _____

PARENT'S REQUEST

I, _____, request permission for my daughter _____ to be excused from the classes indicated above for the following reasons: _____

Signature of Parent: _____

Parent/Guardian to complete this section:

Depart from Norfolk to:	Date	Time of Departure (a.m. or p.m.) Precisely	Means of Travel (include carrier and train/flight #s)
Return to Norfolk from:	Date	Time of Arrival (a.m. or p.m.) Precisely	Means of Travel (include carrier and train/flight #s)

Teacher's signature required if missing that class:

Teacher/Subject	Days Missed	Teacher's Signature	Teacher's Comments

School Office to complete this section:

Approved Declined Signed: _____ Date: _____