



**CABELL COUNTY
SCHOOLS**

Absence Request for Educational Leave

Absence Information

Student Name: _____

WVEIS Number: _____ School: _____

Principal
: _____

Educational Leave Absence Request Date:

Dates of Absence:
From: _____ To: _____

Reason for Absence:

Documentation required from student upon return: *(Please list objectives/activities student will provide to principal)*

You must submit requests for Educational Leave absences, two weeks prior to the first day you will be absent.

Any request for more than TEN (10) days must be approved by the Cabell County Board of Education upon the recommendation of the Superintendent." (Policy 5200)

x

Student Signature Date

x

Parent/Guardian Signature Date

Principal Approval

Approved

Rejected

Signature Date

Comments: