

ELEMENTARY SCHOOL LEVEL

Religious Observation Notification Form

(Please complete one form for each child and each recognized religious holiday and return to the homeroom teacher.)

Student Name: _____ Date: _____
(print only)

Parent Name: _____ Parent Email: _____
(print only)

Parent Phone: _____
(primary number) (secondary number)

Date(s) child will miss for a Religious Observance: _____, _____, _____

Teacher's Name: _____

SIGNATURES: _____ Date: _____
(Parent Signature)

SIGNATURES: _____ Date: _____
(Teacher Signature)