

SECONDARY 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: _____, _____, _____

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Specific course(s) you will miss:

Course Name: _____

Teacher's Name: _____

Course Name: _____

Teacher's Name: _____

Course Name: _____

Teacher's Name: _____

Course Name: _____

Teacher's Name: _____

Course Name: _____

Teacher's Name: _____

SIGNATURES: _____ Date: _____
(Student Signature) (Parent Signature)