

**Kailua High School
Request For Leave of Absence**

Date: _____

1. THIS form must be completed and all signatures obtained.
2. A NOTE FROM PARENTS WITH REASON FOR REQUEST MUST ACCOMPANY THIS FORM.

STUDENT NAME (LAST, FIRST)

GRADE

A. Last day of attendance will be: _____

B. He/She will be returning to Kailua High School: _____

C. _____
Student's Signature

E. _____
Counselor's Signature

D. _____
Vice-Principal's Signature

3. VICE PRINCIPAL MUST SIGN BEFORE TEACHER PORTION IS COMPLETED.

Teachers: The parents of the student named above have requested that the student be permitted a leave of absence during the school year. The administration neither approves nor disapproves this request, as the decision is made by the parent. **ALL WORK MUST BE NEGOTIATED BETWEEN STUDENT AND TEACHER.** The grading process is at the discretion of the teacher. Please indicate whether the student is passing/failing your course up until the time of the request

PERIOD	SUBJECT	TEACHER SIGNATURE	PASSING	FAILING
1				
2				
3				
4				
5	WED.			
7	AFTER SCHOOL			

4. STUDENT: a. **Return completed form to your Counselor.**

Parent Signature

Date

COUNSELOR: a. To be signed after all signatures are obtained
b. File with the attendance clerk.