



## 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)***

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date

#### Principal Approval

☐ Approved

☐ Rejected

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

Comments: