

This form must be submitted to Kristina Campanelli – 1 week prior to date of the religious holiday



## HOLIDAY ABSENCE FORM

TODAY'S DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

NAME OF HOLIDAY	DATE	TIME (ALL DAY OR SPECIFIC TIME)

STUDENT SIGNATURE: \_\_\_\_\_

### For Office use only

Date Received: \_\_\_\_\_

Staff Signature: \_\_\_\_\_