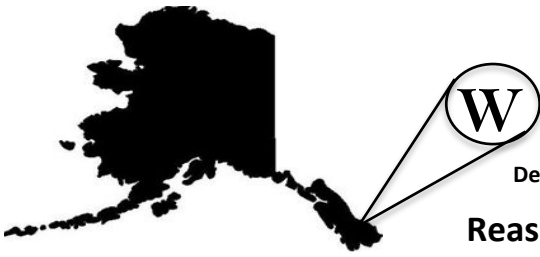


WRANGELL HIGH SCHOOL

Student Advance Leave Form

(Family, Medical, etc.)



Student: _____

Destination: _____

Departure DATE & TIME: _____ Return DATE & TIME: _____

Reason for Travel: _____

To qualify for Advance Leave, proof of travel MUST be submitted with this form to the high school office.

Parent/Guardian Signature

Date

**** ALL ASSIGNMENTS ARE DUE IMMEDIATELY UPON YOUR RETURN ****

Z	COURSE _____	TEACHER SIGNATURE _____
Assignments	_____ _____	
1	COURSE _____	TEACHER SIGNATURE _____
Assignments	_____ _____	
2	COURSE _____	TEACHER SIGNATURE _____
Assignments	_____ _____	
3	COURSE _____	TEACHER SIGNATURE _____
Assignments	_____ _____	
4	COURSE _____	TEACHER SIGNATURE _____
Assignments	_____ _____	
5	COURSE _____	TEACHER SIGNATURE _____
Assignments	_____ _____	
6	COURSE _____	TEACHER SIGNATURE _____
Assignments	_____ _____	
7	COURSE _____	TEACHER SIGNATURE _____
Assignments	_____ _____	

Signatures are required from ALL teachers.

Revised 08/28/15 MT