



Furlough Request Form

Date_____ Campus_____ Grade_____

Student_____ ID#_____

DOB_____

☐ Parent/Student Request

☐ Teacher/Campus Administrator Request

Reason for furlough:_____

Date of furlough:_____

*A student may furlough for a period no longer than one school year. At that time, the student will re-enter the following school year or be exited from the program.

***A student may furlough once K-6 and once 7-12.**

*Explanation of special circumstance regarding length of furlough, if applicable.

Signatures of Campus Selection Committee Members (three signatures required)

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

OFFICE USE ONLY:

*Enter furlough date into system.

*Copy of completed furlough form will be mailed to parent.