

Parent/Guardian:		
Please fill out the top portion of this form. S holy day observances on one form.	ubmit one form p	er holy day. Do not include multiple
Date:		
My Student (name)w	as/will be absent	on (dates):
He/She observed or participated on holy day	y activity	which is a tenet of
our faith. The holy day activity occurred on (date or dates):	
We had to travel to (location)		for this purpose.
This day was not a church retreat, camp, mis christening, bar mitzvah, etc.)	ssion trip, or indiv	idual religious rite (baptism,
Sincerely,		
Signature of parent/guardian		
THIS SECTION FOR LTISD PERSONNEL USE O	NLY	
Attendance Personnel: Research and deter Administrator: Sign only one of the two op	•	(s) used and enter dates below.
Approved:		(Signature of administrator)
Travel Days are:	and	(if any) Code as R
Holy Day(s) are :		Code as (circle one): R
Other missed days are:		Code as (circle one): A or U
Does not meet requirements for Holy Day: _		Code as (circle one): A or U