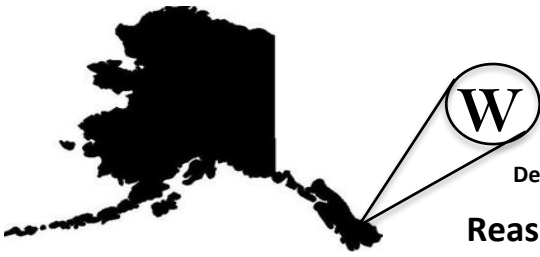


# WRANGELL HIGH SCHOOL

## 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 \*\***

<b>Z</b>	COURSE _____	TEACHER SIGNATURE _____
<b>Assignments</b>	_____ _____	
<b>1</b>	COURSE _____	TEACHER SIGNATURE _____
<b>Assignments</b>	_____ _____	
<b>2</b>	COURSE _____	TEACHER SIGNATURE _____
<b>Assignments</b>	_____ _____	
<b>3</b>	COURSE _____	TEACHER SIGNATURE _____
<b>Assignments</b>	_____ _____	
<b>4</b>	COURSE _____	TEACHER SIGNATURE _____
<b>Assignments</b>	_____ _____	
<b>5</b>	COURSE _____	TEACHER SIGNATURE _____
<b>Assignments</b>	_____ _____	
<b>6</b>	COURSE _____	TEACHER SIGNATURE _____
<b>Assignments</b>	_____ _____	
<b>7</b>	COURSE _____	TEACHER SIGNATURE _____
<b>Assignments</b>	_____ _____	

Signatures are required from ALL teachers.

Revised 08/28/15 MT