

**RANDOLPH COUNTY**  
**Request for Educational Leave**

---

Leave not to exceed 10 days-Principal or designee approval

Leave exceeding 10 days requires prior board approval

**Please submit two weeks prior to departure date.**

**\*\*\*\*\*This section to be completed by Parent/Guardian\*\*\*\*\***

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_ Dates of Leave: \_\_\_\_\_

Type of Trip (brief description): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

-----  
**\*\*\*\*\*This section to be completed by School Principal\*\*\*\*\***

Total student absences at time of application: \_\_\_\_\_

Conditions for approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of days approved \_\_\_\_\_

# of days disapproved \_\_\_\_\_

***This Approval is contingent upon the acceptable provision of the above stated verification by the student.***

***Otherwise, all days will be considered unexcused.***

-----  
**\*\*\*\*\*This section to be completed by Board of Education Office\*\*\*\*\***

(Leave exceeds 10 days)

\_\_\_\_ Approved

\_\_\_\_ Disapproved

Board Meeting date (if applicable): \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

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

-----  
**\*\*\*\*\*This section to be completed by School Principal or designee upon return\*\*\*\*\***

Acceptable Verification has been provided as specified above: Yes \_\_\_\_\_

No \_\_\_\_\_

Principal's Final Approval: \_\_\_\_\_

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