

Parent/Guardian:		
Please fill out the top portion of this form. Submoly day observances on one form.	mit one form per holy day.	Do not include multiple
Date:		
My Student (name)was	/will be absent on (dates):	
He/She observed or participated on holy day a	ctivity	which is a tenet of
our faith. The holy day activity occurred on (da	te or dates):	·
We had to travel to (location)		for this purpose.
Signature of parent/guardian		
THIS SECTION FOR LTISD PERSONNEL USE ONL Attendance Personnel: Research and determi Administrator: Sign only one of the two optio	ne if travel day(s) used an	d enter dates below.
Approved:		(Signature of administrator)
Travel Days are:		
Holy Day(s) are :		
Other missed days are:		
Does not meet requirements for Holy Day:		_Code as (circle one): A or U