

REQUEST FOR LEAVE OF EDUCATIONAL VALUE

FORM 420A REVISED 9/22/2020



ROANE COUNTY
SCHOOLS

This form should be completed each time a student wishes to request a leave of educational value and should be submitted to the school principal no later than seven calendar days from the proposed beginning of the leave.

STUDENT INFORMATION

STUDENT'S FULL
LEGAL NAME _____

WVEIS ID
(IF KNOWN)

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GRADE _____

DATE(S) OF LEAVE _____

SCHOOL

Geary Walton Spencer Elementary Spencer Middle RCHS

DETAILS OF LEAVE

PURPOSE OF LEAVE (CHOOSE ONE)

- The student will be engaged in an activity that has significant educational value and in which the student acts as representative of the school in an event not also sponsored by the school.
- The student will be furthering his / her educational outcomes through enrollment or potential enrollment in post-secondary education, enlistment in the Armed Forces of the United States, or gainful employment.

EDUCATIONAL PLAN

What are the educational objectives of this leave and what activities will the student be engaged in to achieve these?

PARENT / GUARDIAN SIGNATURE AND ACKNOWLEDGEMENT

By signing here, I acknowledge that I am the parent / guardian of the above named and that I have read and understand the provisions of RCBOE Policy 420 - Attendance regarding leaves of educational value. I understand that the student will be required to complete all assignments given to students in his/her classes while he/she is on leave and that any tests, exams, quizzes, or other assessments must be taken in a timely fashion upon completion of his/her leave. I also understand that the student must submit a verification of implementation of the educational plan upon return to school.

Signature

Date

APPROVALS

SCHOOL PRINCIPAL

Approved Denied

Signature

Date

SUPERINTENDENT

Approved Denied

Signature

Date

SCHOOL USE ONLY

DATE RECEIVED _____

BY _____

SOURCE

Original

Fax

Email

CENTRAL OFFICE USE ONLY

DATE RECEIVED _____

BY _____

SOURCE

Parent

Student

School