

Mylan Park Elementary School

901 Mylan Park Lane
Morgantown, WV 26501
Telephone (304) 983-7700
Fax (304) 983-7704
Anne Lupo, Principal

To: Mylan Park Parent/Guardian

From: Mrs. Lupo, Principal

Re: Request for Educational Leave of Absence

Per your request, attached you will find a "Student Request for Educational Leave" form and a "Verification of Student Educational Leave" form.

The following is an excerpt from the Monongalia County's Board of Education Attendance Policy #JE:

6) Excused Absences...

f) Leaves of educational value adhering to the following stipulations:

- Prior submission of education plan detailing objectives and activities
- Prior approval of school administrator
- Leave not to exceed 10 days-verification of implementation of the educational plan upon student's return
- Leave to extend more than 10 days requires approval of Director of Attendance

Should you have any questions regarding the above attached, please do not hesitate to contact the school office at 983-7700.

Thank you!

Attachments:

Mylan Park Elementary School
Student Request for Educational Leave
(when number of days absent exceeds five but is less than eleven)

Student Name: _____ Student ID# _____

Address: _____

_____ Phone Number: _____

Teacher: _____ Grade: _____

Dates of Requested Educational Leave: From: _____ To _____

Destination (Please be Specific): _____

Purpose of the Trip: _____

List the educational experiences that the above named student will encounter on this trip:
(Example: Staying with his great Uncle on the Greek Isle of Crete will allow John to experience first hand the everyday customs of the Greek people. It will enable him to hear the Greek language and to try to acquire some everyday vocabulary.)

Adult responsible for verifying the educational experiences: _____
Relationship to student: _____

Each student granted educational leave will complete a journal with daily entries of his/her experiences. This journal will be submitted to Mrs. Lupo, Principal, upon return from education leave. Attached to the journal will be verification report of the experiences with the above named adult's signature.

I _____ parent/guardian of _____
Make application for educational leave from _____ to _____ and
agree to comply with the above named criteria.

Signature: _____ Date _____

APPROVED () YES () NO DATE _____

SCHOOL OFFICIAL (Signature) _____

Mylan Park Elementary School
VERIFICATION OF STUDENT EDUCATIONAL LEAVE

Attached is the daily journal of _____
For the dates of _____ to _____

I am verifying the following educational experience:

(Examples: Flight to Greece, Visit to Maryland, etc.)

Signature of adult responsible for verification:

Date: _____

(NOTE: This report and journal must be submitted to Mrs. Lupo, Principal, on the day the student returns to school.)

Office Use Only:

Date Received: _____ School Official (signature): _____