



Religious Accommodation Request Form

To request an accommodation for an excused absence(s) from a scheduled school day(s) due to a religious holiday or observance, please sign and complete this form. To allow time for processing and for faculty to accommodate your request, please submit this form at least one full week (7 days) before the anticipated absence. Please return completed form to Attendance/Health Office.

Student's Full Name:

_____ *Date:* _____
Last First M.I.

Parent/ Guardian Full Name:

_____ **Last First M.I.**

Phone:

_____ *Email:* _____

Date(s) of Conflict:

Religious Affiliation/Faith:

Please specify the holiday or observance name(s) and date(s):

Is the holiday/observance a requirement of the above named affiliation/faith?

Are there alternative times and dates available for this holiday/observance?

If unable to attend would it conflict with your student's affiliation/faith?

Parent/ Guardian Signature:

_____ *Date:* _____

Reviewed By:		Date:	
Approved By:		Date:	