Two Rivers Supervisory Union

Excused Leave Form

As a parent or guardian you should fill in this form if you want to take your child out of school during the academic year.

After completing the form, please return it to the Supervisory Union **no less than two weeks** before the date you want the period of absence to start. The conditions under which leave of absence for term-time vacations may be granted are contained in the Vermont Statutes Title 16, Chapter 25, Subchapter 3 https://legislature.vermont.gov/statutes/fullchapter/16/025.

The Superintendent will decide whether to approve an excused absence from school. *Permission will not be given after the absence has taken place.*

I request that _____ be granted an excused leave of absence from
Full Name of child

CTES | **CAES** | **GMUHS** | **LES** | **MHS** from __ __ /__ __, 20__ __ to __ __ /__ __, 20__ __
Circle One Month / Day Year Month / Day Year

State and county traveling to: _____

Do you need to Quarantine 14 days after returning? _____

Please list the circumstances and educational opportunities planned for your child:_____

_____

_____

_____

_____

_____ _____
Full Name of Parent(s)/Guardian(s) Daytime Phone Number

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Principal Date

Your request for Leave of Absence has been: **_Approved / Unapproved**

_____ _____
Lauren Fierman Date

Please mail completed form to:
Two Rivers Supervisory Union
Attn: Executive Assistant
609 VT Route 103 S.
Ludlow, VT 05149