SCHOOL DISTRICT OF BLACK RIVER FALLS

Inspiring Excellence

Special Leave Notification

Student Name: _____ Grade: ____

Date(s) requesting to leave: _____ Total days requested: ___

Classes to be missed (circle one): Morning Afternoon All Day

Type of Event

- ☐ Funeral
- ☐ Feast
- ☐ All Night Wake
- ☐ Medicine Dance
- ☐ Scalp Dance
- ☐ Devotions
- ☐ Ghost Meal
- ☐ Other: _____

Name of Ceremonial Leader (Please Print): _____

Signatures

_____ _____
Student Date

_____ _____
Parent Date

_____ _____
Ceremonial Leader Date

PLEASE NOTE:

This notification should be submitted prior to the defined event.

Student will submit this form to the secretary in the main office.

Abuse will affect your ability to use Special Leave in the future.