

BLACK RIVER FALLS SCHOOL DISTRICT

SPECIAL LEAVE NOTIFICATION

Date(s): _____ Total # of Days Requested: _____

Student Name: _____ Grade: _____

Classes to be Missed: _____

TYPE OF EVENT AND NUMBER OF HOUR(S) REQUESTING:

FUNERAL _____ FEAST _____ ALL NIGHT WAKE _____

MEDICINE DANCE _____ FUNERAL MTG. _____ SCALP DANCE _____

DEVOTIONS _____ DOCTORING _____ PRAYER SERVICES _____

GHOST MEAL _____ OTHER RELIGIOUS CEREMONY _____

DETAILS OF EVENT: _____

NAME OF CEREMONIAL LEADER (Please Print) : _____

DATES AND TIMES REQUESTING LEAVE

FROM: _____ TO: _____

SIGNATURES

Student : _____ Date: _____

Parent/Guardian: _____ Date: _____

Ceremonial Leader: _____ Date: _____

PLEASE NOTE:

This notification should be submitted prior to the defined event, if possible.

Student will submit this form with the signature of the Ceremonial Leader to his/her school secretary/attendance person in the Main Office.

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