

**STUDENT RELEASE FROM INSTRUCTIONAL DAYS**

St. Joseph School  
127 N. 4<sup>th</sup> Street  
Decatur, IN 46733

*The school must approve this form prior to the requested date.*

STUDENT NAME \_\_\_\_\_ ROOM # \_\_\_\_\_

DATE(S) STUDENT WILL NOT BE IN ATTENDANCE \_\_\_\_\_

TOTAL DAYS STUDENT WILL NOT BE IN ATTENDANCE \_\_\_\_\_

REASON STUDENT WILL NOT BE IN ATTENDANCE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Printed Name

.....  
For School Use Only

Teacher's Approval:

Date: