

AISD CAMPUS: _____

Parent/Guardians:

Please fill out the top portion of this form. Submit one form per holy day event.

Date: _____

My student (name) _____ was absent on (dates): _____.

Student Identification Number: _____

He/She observed or participated in holy day activity _____ which is a tenet of our faith. The holy day activity occurred on (date or dates): _____.

We had to travel to (location) _____ for this purpose.

This day was not a church retreat, camp, mission trip, or an individual religious rite (baptism, christening, bar mitzvah, etc.)

Sincerely,

Signature of parent/guardian

THIS SECTION FOR AISD PERSONNEL USE ONLY

Attendance Specialist: Research and determine if travel day(s) used and enter dates below.

***Administrator: Sign only one of the two options below.**

*Approved: _____ (Signature of administrator)

Travel days are: _____ and _____ (if any) Code as HD

Holy Day(s) are: _____ Code as HD

Other missed days are: _____ Code as (circle one): OTH or UNEX

*Does not meet requirements for Holy Day: _____ Code as (circle one): OTH or UNEX

Signature of administrator