



Mary Scroggs Educational Absence Request Form

Please complete 2 weeks prior to departure date, unless it is an emergency.

Email completed request to Suzanne Laemmle slaemmle@chccs.k12.nc.us

Student(s) Name: _____/Teacher: _____

Person Making Request: _____

Email address: _____

Dates that are being requested: _____

Total number of school day child will be out of school: _____

Purpose of travel:

Educational Experiences child will participate in:

Educational Product(s) child will provide to the teacher upon return to school:

Administrative Decision:

Excused: 1 day

2 days

3 days

4 days

5 days