Odyssey Charter School
Nurturing a Lifelong Love of Learning

Extended Leave of Absence Application

Student's name: _____

Student's date of birth: _____/_____/_____
Month Day Year

First date of requested leave: _____/_____/_____
Month Day Year

Expected return to school date: _____/_____/_____
Month Day Year

Reason for the extended period of leave:

I have read, understand, and will abide by the Extended Leave of Absence Policy for Odyssey Charter School.

Parent's signature: _____date: _____

Please email completed form to tracie.principe@odyssey.k12.de.us

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***Office use only**

Approved? _____

Approver's signature: _____date: _____