

Leave Permission Form

If a student intends to leave a residence hall overnight, for a weekend, or at any time other than a designated vacation period, this Leave Permission Form must be completed. This form must be completed and returned to the Clarkson School administrative office prior to leaving campus.

You must have a parent or guardian contact the office at 315-268-4425 (Monday – Friday 8:00am to 4:30pm) to give permission for the leave. This permission must be received prior to you leaving campus. Inform your House Advisor (HA) as to when you will be leaving and when you plan to return.

Upon your return, please let your HA know that you are back.

Failure to adhere to these guidelines is a violation of Clarkson School regulations.

Name		
Desti	nation (be specifi	c):
Date	of Departure (MI	M/DD/YY): Time of Departure (HH/MM AM/PM):
Date	of Return (MM/I	D/YY): Time of Return (HH/MM AM/PM):
Emer	gency phone nun	ber where you can be reached during leave:
Will y	you miss any sch	eduled classes during this leave period? Yes No
	If "Yes" , list th material you w	e class(es) and the steps you have taken to notify the instructor and/or make-up the ill miss:
	Class:	Steps Taken:
	************** e Use Only:	***************************************
	Parent Guardian	Permission Received Date and Time:
	Ву:	
	House Advisor	s Notified