REL VERIFICATION

CAMPUS NAME ________________________________
CAMPUS ID ________________________________
STUDENT NAME ________________________________
DATE(S) OF REL ________________________________

Attach parent note, if you receive one, and/or have parent complete Information below.

____________________________________

This is to verify that my child (named above) missed school ________________________________ for the purpose of (Dates)
observing the below named religious holy day, which I understand is defined as a day that all members of an established religious community are obligated to serve as a tenant of the faith.

____________________________________
(Holy Day)

____________________________________
Parent/Guardian Signature                                     Date

PEIMS 10/28/16