Livingston Public Schools REQUEST FOR APPROVAL OF EXTRAORDINARY OPPORTUNITY

Student Name: School: Grade:			
educational opportu those whose durationare not vacations (LF be affirmed by buildi 1. Request subm 2. Student mus 3. Student mus 4. Must be dire	nities that are closely tied n unduly disrupts the cont PS Policy #5200). To be aping principal: mitted at least two school to be in good standing with the in good standing acactly connected to the student in the stu	the requested date(s). Extraordinary Opportunit to the student's current course of study and maximuity of student instruction. Extraordinary Opportunity of an extraordinary absence the following weeks before absence will commence. attendance in this current school year. Hemically in this current school year. Hent's current curriculum of study. Infter their return to school.	ay not be ortunities
	on, which includes dates/t sted absence in order for it	imes and student name, must be presented with t to be considered.	this form
Dates/Times of Activ	ity:		
Class(es) to be misse	d:		
Please describe the s	pecific extraordinary oppo	ortunity:	
Please describe the e curriculum:	ducational relevance of th	nis activity and how it pertains to the student's	
not expected that m		Il missed assignments will be my responsibility ovide assignments in advance nor individual in	
Student Signature	Date	Parent Signature	Date
Approved: □	Denied: □ Reason:	Not Recommended: ☐ Reason:	
Principal Signature	Date	Superintendent/Designee Signature	Date