



PARENT/GUARDIAN RELIGIOUS ACCOMMODATION REQUEST LETTER

SCHOOL NAME: _____

STUDENT NAME: _____

RELIGIOUS ACCOMMODATION REQUEST: _____

DATE(S) IF APPLICABLE: _____

PARENT/ GUARDIAN/ ADULT STUDENT SIGNATURE: _____

RECEIVED BY: _____ DATE: _____

RELIGIOUS ACCOMMODATION REQUEST HAS BEEN GRANTED: YES NO

ADMINISTRATIVE SIGNATURE: _____

***PLEASE FILE IN OSR**

PRINT FORM AND SUBMIT FOR APPROVAL