

REL VERIFICATION

CAMPUS NAME GRAND OAKS HIGH SCHOOL

CAMPUS ID 170902016

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