

REL VERIFICATION

CAMPUS NAME York JHS

CAMPUS ID 170-902-049

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