



WOODLAWN
UNIT SCHOOL DISTRICT #209

300 NORTH CENTRAL LANE
WOODLAWN, ILLINOIS 62898
PH: 618.735.2631 FAX: 618.735.2032
WWW.WOODLAWNSCHOOLS.ORG

REQUEST FOR BUSINESS DAY

Name: _____

Today's Date: _____

I understand that my request for a Business Day will count as a "field trip" from my school, and that I must return this form to the office two days before being absent from school for my Business Day.

Purpose of Request: _____

Date Requested for Business Day: _____

Student's Signature: _____

Parent's Signature: _____

OFFICE USE ONLY

() Not Approved

() Approved

School Counselor: _____

School Administrator: _____