

Conroe Independent School District

REL VERIFICATION

CAMPUS NAME _____

STUDENT NAME _____

STUDENT ID# (Local) _____

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 on _____ for the
(Dates)
purpose of observing his/her faith's religious holy day or event known as _____.

Parent/Guardian Signature

Date