

# Exchange Day

School \_\_\_\_\_

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

**Please fill out this form when exchanging days and return to the office.**

Exchange Days \_\_\_\_\_

With \_\_\_\_\_

Reason \_\_\_\_\_

I will pay back days on \_\_\_\_\_

\_\_\_\_\_  
Teacher's signature

\_\_\_\_\_  
Exchange teacher's signature

Principal's Approval \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Days must be paid back within the same school year\*\***