



General Request Form

22 Outlet Rd.
Lehman, PA 18627
Phone: (570) 675-8109
www.rolcademy.com

I, _____, the parent/guardian of
(Parent/Guardian's name)

_____ request that
(Student's name)

_____ on the day of _____
(Date)

Sincerely,

(Parent/Guardian's signature)

For office use only:

Accepted

Denied

Admin. Signature _____