



Absence From School Request

Name: _____ Grade: _____ Date Submitted: ____ / ____ / ____

Date(s) requested to be absent: _____

Reason for being absent from school: _____

Remember any day that you are absent from school is counted against your attendance for each class.

The top portion of this form must be completed and turned into the office for approval at least one week prior to the requested days off from school. After approval, take this form to each of your teachers to get your assignments and their signature. You are responsible to get all assignments for classwork and homework before your missed days. Students are allowed one day to make up work for each day missed (ex. 3 days missed = 3 days to make-up work). Work not made up will be recorded as a zero. After the assignments have been completed, each teacher will initial their name for work completed. After each teacher has initialed, the form must be turned into the school office.

Administrator's Approval: _____ **Assignments Due Date:** _____

Course: _____	Teacher's: _____ Signature	Assignment: _____ Competed Initial
Assignment: _____		

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Assignment: _____		

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