



Athletic Absence Request Form



Athlete's Name: _____ Grade: _____ Date Submitted: ____ / ____ / ____

Date(s) requested to be absent: _____ Circle all that apply: *Missing Game* *Missing Practice*

Sport: _____ Coach: _____

Reason for being absent from games or practices: _____

This form must be completed and turned into the office for approval at least one week prior to the requested day(s) off from games or practice. After approval from the administrator, the athlete must give this form to his/her coach, so the coach is aware of the requested absence from a game or practice. *Remember any absence from practices or games may result in an athlete not starting or playing in a game following an absence, regardless of the administrative approval. (refer to Athletic Handbook p.5)*

Administrator's Signature: _____ **Date:** _____

Approved **Denied**

Coach's Signature: _____ **Date:** _____

Coach sends copy to AD to file