ABSENCE APPROVAL FORM

Elementary

The student hereafter named requests consideration for approval of absence on the dates listed below:

Student: _____

Date(s) of Absence: _____

Reason for Absence: _____

Assignments must be obtained from the teacher and must be completed and turned in before the date(s) of the absence, in order for the student to receive credit for the work. (Any exception to this policy must be approved by the teacher and Principal.)

This form must be submitted to the Principal for approval and then signed by the teacher and signed by the parent.

Assignments to be completed:

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Parent's Signature

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Principal's Signature