

ABSENCE APPROVAL FORM

Middle School / High School

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 each 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 initialed by each teacher and signed by the parent.

1st Hour: _____

2nd Hour: _____

3rd Hour: _____

4th Hour: _____

5th Hour: _____

6th Hour: _____

7th Hour: _____

8th Hour: _____

Parent's Signature

Principal's Signature