



Complete the following information to request permission for a pre-approved absence. All requests must be made a minimum of three days prior to the dates for which you are requesting to be absent.

Today's Date: _____

Student Name: _____

Grade Level/Teacher: _____

Dates student will be out: _____ to _____

Reason for absence: _____

TO THE PARENT: Please certify by signing this form that it is absolutely imperative that your son/daughter be absent from school for the above stated reasons and for the time requested. Please see that all assignments are completed by the time he/she returns to class after the absence. Please review the Attendance Policy in the Student/Parent Handbook to make sure you are aware of the consequences of excessive absences.

Parent Signature: _____

Administrator's Approval: Accepted Declined

Administrator's Signature: _____
