



Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Dates of Absence: \_\_\_\_\_ to \_\_\_\_\_

Reason (Please explain in detail.): \_\_\_\_\_

**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 reason and for the time requested. Please see that all assignments given below are completed before your son/daughter leaves or by the time he/she returns to class after the absence. Please review the Attendance Policy in the Student/Parent Handbook to ensure you are aware of the consequences of excessive absences.

Parent Signature: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

**TO THE STUDENT:** You must request and complete this form at least two school days before the departure date given above. You agree by signing this form that all assignments given below will be completed before you leave or by the time you return to classes after your absence. (Any exceptions to this will be decided by the guidance counselor or principal. The student and teacher will be notified of approved exceptions.)

Student Signature: \_\_\_\_\_

**TO THE TEACHER:** You are responsible to give assignments (in detail) that are a true representation of the classroom work that will be missed during the student's absence. All work missed during the time must be completed before the student leaves or upon his/her return to class. Additional make-up time will not be granted. The work will be graded accordingly.

PERIOD	TEACHER	SUBJECT	ASSIGNMENTS
1			
2			
3			
4			
5			
6			
7			

The above request has been APPROVED DENIED. (circle one)

Signature of Principal or Guidance Counselor: \_\_\_\_\_

