



## Request for Approved Absence

**Please submit this form no later than 1 week in advance of the anticipated absence for consideration. Requests received with less than one week notice will not be approved.**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Grade Level: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Date(s) of Anticipated Absence: \_\_\_\_\_

Has the Homeroom teacher been notified?    YES                      No

Please describe the educational benefit for the trip or activity.

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**I understand that my student is responsible for completing all work assigned during his/her absence from school and that it is my responsibility to arrange this work with my child's teacher(s). I also understand that upon returning to school, my child will be required to present to the class and/or Principal what he/she learned as a result of the absence in order for the absence to be excused.**

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Parent Signature

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Date

Phone Number \_\_\_\_\_

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### Office Use Only

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_ Excused      \_\_\_\_\_ Unexcused      Principal Signature \_\_\_\_\_

Date Parent Contacted: \_\_\_\_\_