



SAIL HIGH SCHOOL PRE-APPROVED ABSENCE REQUEST

If your student is going to be out for two or more days, this form must be returned to the Office one week prior to the expected absence.

Student Name: _____

Date(s) requested for absence: _____

Specific reason for absence: _____

Educational benefit: _____

Parent/Guardian Signature

Date

Every teacher must sign this document signifying knowledge of the expected absence and the need to provide assignments during the absence or upon the student's return to school.

Period	Teacher Signature	Assignment	Date
1			
2			
3			
4			
5			
6			
7			

ADMINISTRATOR'S REVIEW

Request Approved
 Request Approved with Conditions
 Request Denied

*Administrator's Signature _____ Date _____

Date Received in Office:

Received by:

Date:

***The pre-approved absence request is invalid without an administrator's signature.**