



Request for Student Absence

Date _____

To the Upper School Director:

It is requested that _____ be excused from school at
Name of student
_____ on _____ in order for him/her to _____
time date reason

This absence will necessitate that he/she miss _____ day(s) of school. Days of school student will miss: _____

Student should return to school on _____,
date

Signature of Parent U.S. Director College Counselor
(College visit only)

Assignments/Teacher Responses

<u>Period</u>	<u>Assignments</u>	<u>Teacher Initials/Responses</u>
1		
2		
3		
4		
5		
6		
7		
8		

PLEASE RETURN TO MS. ASHLEY 3 DAYS PRIOR TO YOUR DEPARTURE!

<u>Office use only:</u>
<input type="checkbox"/> Excused _____ <input type="checkbox"/> Unexcused _____