

# Request for Student Absence

Date: \_\_\_\_\_

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

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

Number of School Days Absent For: \_\_\_\_\_

Date of Student's Return to School: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
US Director's Signature

\_\_\_\_\_  
College Counselor  
(Needed for College Visits Only)

Period	Assignments	Teacher's Initials
1		
2		
3		
4		
5		
6		
7		

**PLEASE RETURN TO MRS. LAVALLEE 3 DAYS PRIOR TO YOUR ABSENCE!**