



2626 N Oneida Street
Appleton, WI 54911
Main 920.730-8849
Fax 920.730-4147

ANTICIPATED ABSENCE

One form per student. PLEASE PRINT

Student Name: _____ Campus: _____

Parent/Guardian: _____ Grade: _____

Start Date of Absence: _____ Date Returning to School: _____

Reason for Absence: _____

Destination: _____

Student must inform teachers prior to absence. (Obtain teachers' signatures)

Teacher: _____ Date Contacted: _____

Teacher: _____ Date Contacted: _____

Teacher: _____ Date Contacted: _____

Teacher: _____ Date Contacted: _____

Teacher: _____ Date Contacted: _____

Teacher: _____ Date Contacted: _____

Teacher: _____ Date Contacted: _____

I promise to complete all of my homework.

Student Signature: _____

Parent/Guardian Signature: _____

This request must be returned to the school office a minimum of three (3) days prior to absence.