

Student Leave of Absence – Non Medical

_____ will be absent on _____

for the purpose of _____
 He/she recognizes and accepts responsibility for any missed assignments/projects and needs to make arrangements with you in terms of assignment due-dates, etc. Please provide the necessary information below. **Turn this form into office after your teachers have signed.**

 Parent Signature Date

 Student Signature Date

Period	Teacher Signature	Date
1		
Assignment:		

Period	Teacher Signature	Date
2		
Assignment:		

Period	Teacher Signature	Date
3		
Assignment:		

