



Anticipated Absence Request Form

*One form per student. **PLEASE PRINT**

Student Name: _____ **Grade:** _____

Parent/Guardian: _____

Start Date of Absence: _____ **Returning Date:** _____

Reason for Anticipated Absence:

I will notify my teacher(s) of this absence. I promise to complete all of my homework within one week after I return. I understand that this extended absence, while classes are in session, could result in missing work that cannot be made up, thus resulting in a lower grade.

Student Signature and Date:

I/We will supervise any work that may be assigned during this time.

Parent/Guardian Signature and Date:

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

Teacher Signature and Date: _____

Teacher Signature and Date: _____

Teacher Signature and Date: _____

Teacher Signature and Date: _____

Teacher Signature and Date: _____

International Program Director (if applicable) Signature and Date:

Administrative Signature and Date:
