

Cedar Grove-Belgium High School

321 N 2nd St, Cedar Grove, WI 53013

Phone: 920-668-8686 or 1-877-424-216, Fax: 920-668-8605

STUDENT ANTICIPATED ABSENCE

An anticipated absence from school should be requested at least 5 full days in advance of the absence. Please complete the top half of this form and return it to the office before the absence. Please call the high school office directly so that a record can be made of the anticipated absence.

I wish to withdraw my son/daughter, _____,

from school on the following dates: _____ **through** _____

for the following reason: _____.

I understand he/she will be responsible for all homework and tests missed. I understand it is the responsibility of the student to contact the teachers involved, get these assignments and turn them in.

Parent signature _____

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Class _____

Assignment: _____

Class _____

Assignment: _____

Class _____

Assignment: _____

Class _____

Assignment: _____

Class _____

Assignment: _____

Class _____

Assignment: _____

Class _____

Assignment: _____

Class _____

Assignment: _____

