



WINONA SENIOR HIGH SCHOOL

PRE-APPROVED ABSENCE FORM

MY SON/DAUGHTER _____ WILL
BE ABSENT FROM WSHS ON THE FOLLOWING DATES
_____. HE/SHE IS GOING TO

TEACHER SIGNATURES

PARENT/GUARDIAN

- | | |
|----------|-------------------------|
| 1. _____ | COMMENTS _____
_____ |
| 2. _____ | COMMENTS _____
_____ |
| 3. _____ | COMMENTS _____
_____ |
| 4. _____ | COMMENTS _____
_____ |
| 5. _____ | COMMENTS _____
_____ |
| 6. _____ | COMMENTS _____
_____ |
| 7. _____ | COMMENTS _____
_____ |

APPROVED BY: _____ DATE: _____