



ALBERT LEA

SCHOOL DISTRICT 241
SOUTHWEST MIDDLE SCHOOL
1601 WEST FRONT STREET, ALBERT LEA, MN
(507) 379-5240 FAX (507) 379-5338

ABSENCE PRE-APPROVAL REQUEST

*Please return to the Attendance Office
prior to the absences start*

Student Name: _____ ID# _____ Grade _____

Date(s) of absence: _____

Reason for absence:

_____ Family Vacation Pre-approval at least 3 days in advance (May not exceed 5 days during the school year.)
_____ Other (Please specify reason) _____

Teacher's signature-noting contact was made with teacher and assignments received.

<u>Period</u>	<u>Teacher Signature</u>	<u>Student Assignments</u>
Advisory		
1		
2		
3		
4		
5		
6		
7		
8		

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent Daytime Phone# _____

Parent email: _____

Request _____ Approved _____ Denied _____

Administrator's Signature: _____ Date: _____