

## PARENT/GUARDIAN REQUEST FOR STUDENT ABSENCE



Board Policy Reference JBD

0 Hour  1st Hour  2nd Hour  3rd Hour  4th Hour  5th Hour  6th Hour  7th Hour  For Office Use	LAWRENCE PUBLIC SCHOOLS	School Year			
Last Name   First Name   Middle Name    Grade   School Name    Reason for Requested Absence:  Dates Student will be Absent:  PLEASE RETURN FORM WITH PARENT/GUARDIAN AND TEACHER SIGNATURES TO THE MAIN OFFICE PRIOR TO STUDENT'S DEPARTURE FOR EXCUSED ABSENCE  Printed Name of Parent/Guardian   Date of Signature of Parent/Guardian   Date of Signature of Parent/Guardian    Elementary School Level   Signature of Teacher   Date Work to be Completed   Education   Completed    1st Hour   1st Hour   2nd Hour   3rd Hour    4th Hour   5th Hour   5th Hour    5th Hour   5th Hour   5th Hour   5th Hour    5th Hour   5th Hour   5th Hour   5th Hour    5th Hour   5th Hour   5th Hour   5th Hour    5th Hour   5th Hour   5th Hour   5th Hour    5th Hour   5th Hour   5th Hour   5th Hour   5th Hour   5th Hour   5th Hour   5th Hour   5th	When a parent or guardian absence. Such absences, w	believes that there is a valid reaso when approved, will be considered	on for a student to be abso dexcused absences.  Depe	ent, school officials will endeavor to	honor the
Grade School Name  Reason for Requested Absence:  Dates Student will be Absent:  PLEASE RETURN FORM WITH PARENT/GUARDIAN AND TEACHER SIGNATURES TO THE MAIN OFFICE PRIOR TO STUDENT'S DEPARTURE FOR EXCUSED ABSENCE  Printed Name of Parent/Guardian Signature of Parent/Guardian Date of Signature of Parent/Guardian  Elementary School Level  Signature of Elementary Classroom Teacher  Secondary School Level Signature of Teacher Date Work to be Completed Education)  O Hour  1st Hour  2nd Hour  4th Hour  5th Hour  7th Hour  The Hour  The Hour  The Hour  The Hour  For Office Use	Student Information				
Reason for Requested Absence:  Dates Student will be Absent:  PLEASE RETURN FORM WITH PARENT/GUARDIAN AND TEACHER SIGNATURES TO THE MAIN OFFICE PRIOR TO STUDENT'S DEPARTURE FOR EXCUSED ABSENCE  Printed Name of Parent/Guardian Signature of Parent/Guardian Date of Signature of Parent/Guardial Elementary School Level  Signature of Elementary Classroom Teacher  Secondary School Level Signature of Teacher Date Work to be Completed Education)  O Hour  1st Hour	Last Name	First N	lame	Middle Name	
Dates Student will be Absent:  PLEASE RETURN FORM WITH PARENT/GUARDIAN AND TEACHER SIGNATURES TO THE MAIN OFFICE PRIOR TO STUDENT'S DEPARTURE FOR EXCUSED ABSENCE  Printed Name of Parent/Guardian Signature of Parent/Guardian Date of Signature of Parent/Guardian Elementary School Level  Signature of Elementary Classroom Teacher  Secondary School Level Signature of Teacher Date Work to be Completed Education)  O Hour  Ist Hour  th Hour  th Hour  th Hour  The Hour	Grade	Schoo	l Name		
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Signature of leacher Completed Education) Compl  O Hour  1st Hour  2nd Hour  Sth Hour  th Hour  th Hour  For Office Use	Signature of Elementary Class		Data Wark to be	Alternate Day Classes (Physical	Date Work
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