



DeLaSalle High School
ANTICIPATED ABSENCE REQUEST FORM

Student's Full Name: _____ Today's Date: _____

Date/s Requested for Absence: _____

Reason for Absence: _____

Name(s) of Parent/Guardian: _____

Signed Parental/Guardian Permission: _____

If this is a school-sponsored trip, please fill in the information below.

Home or Mobile Phone # of Parent/Guardian: _____ Work Phone: _____

Home Address: _____

Emergency Contact Name and Phone (if different from above): _____

Relationship to Student: _____

Special Health Concerns of Student: _____

Students, please complete the following before your absence:

1. **See each of your teachers, explaining the absence and obtain their signature.** You are expected to request assignments from each teacher prior to the day/s of absence. You are responsible for all academic material missing during the absence. By submitting this form you agree to turn in all assignments upon return, unless other arrangements are made with the teacher(s) or administrator.
2. **See either Mr. Johnson or Ms. Graybill for the Administrative Signature.**
3. **Submit this completed form, with all signatures and any notes, to the Main Office.**

PERIOD:	CLASS:	TEACHER'S SIGNATURE:	COMMENTS:
1			
2			
3			
4			
5			
6			
7			
8			

Administrative Signature: _____