



MONONA GROVE HIGH SCHOOL

4400 Monona Drive, Monona, WI 53716 P: 608-221-7666 F: 608-221-7690 www.mononagrove.org

Mitch McGrath PRINCIPAL - Melissa Rosol ASSOCIATE PRINCIPAL
Jason Kling ASSOCIATE PRINCIPAL - Joseph Schneider ACTIVITIES DIRECTOR

Anticipated Absence Form (Required for 3 or more days)

Name: _____ Date: _____

Date(s) of Absence: _____

Reason for Absence: _____

The signature of each of your teachers is required and will indicate that you have made satisfactory arrangements to take care of your assignments. This form must be completed 3 days prior to the anticipated absence. If the form is not completed and turned in before the student leaves, the absence will be UNEXCUSED.

A Day	B Day
1.	1.
2.	2.
3.	3.
4.	4.

The signature of a parent or guardian is REQUIRED as well as a phone call or a written note to the Monona Grove Attendance Office.

Parent / Guardian Signature: _____

Date: _____

Asst. Principal Signature: _____

Date: _____