Scheduled Absence Request Form

Student Name: _____

Teacher's Name: _____

Date Submitted:_____

Date(s) requesting to be out:_____

Reason for Absence: _____

_____

_____

_____

_____

We realize work will have to be completed upon return: _____
parent initials

Parent/Guardian's Signature: _____

Parent/Guardian's Signature: _____

Date: _____

F O R O F F I C E U S E O N L Y

Absence: **Excused** or **Unexcused**

Principal's Comments: _____

_____

_____

_____

Principal's Signature: _____

Date: _____