

REQUEST FOR ABSENCE APPROVAL AND ASSIGNMENTS

APPROVED _____
 DISAPPROVED _____
 ASSOCIATE PRINCIPAL _____

ID # _____

_____ is requesting to be absent _____
 (Inclusive Dates)

Reason for Absence _____

TEACHERS: Please provide your approval or disapproval for this student's request to be absent on the above date(s). Any assignments which the student will be missing should be listed with the due date for the work.

PERIOD	SUBJECT	CURRENT GRADE	ASSIGNMENTS	APPROVAL DISA- PPROVAL	TEACHER
1					
2					
3					
4					
5					
6					
7					
AM					

THIS FORM MUST BE COMPLETED AND SIGNED BY THE ASSOCIATE PRINCIPAL BEFORE THE DATE(S) OF ABSENCE.