

Absence Pre-Approval Request

Student Name _____ ID# _____ Grade _____

Date(s) of absence: _____

Reason for absence:

____ Family Vacation-Pre-approval at least 3 days in advance.
May not exceed 5 days during the school year.

____ Other - (Please specify reason.) _____

Teacher's signature-noting contact was made with teacher and assignments received. No signature needed for lunch period.

Advisory _____ Period 4 _____

Period 1 _____ Period 5 _____

Period 2 _____ Period 6 _____

Period 3 _____ Period 7 _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent Daytime Phone# _____

Parent email: _____

Please return to the Attendance office prior to the absences start.

Request _____ approved _____ denied

Administrator's Signature _____ Date _____