

Student Absence Request

Student Name		Grade: ID:
Parent Name		Phone:
Date of Request:	Parent e-mail:	
*******	*********	************
Dates of requested ab	sences:	
Reason for absences:_		

Please list student's so	chool-aged siblings, if any, and in	ndicate school attending:
Name:		School:
Name:		School:
		School:
	*******	*************
be present every day. Exc weather, or road condition school sponsored athletic In order for a student to r submit one week in adv	used absences include temporary abso ns making travel dangerous. Absence events and program shall be consided make up and receive credit for work o	assigned during an unexcused absence, the student mo planned absence to an administrator. When no pro
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FOR OFFICE USE ONL		**************
Excused:	Unexcused:	Unexcused, with make-up:
Administrator's Signature:		Date:
Staff to be notified:		
D : 14/27/2017		