

Anticipated Absence Request Form

***One form per student. PLEASE PRINT**

Student Name: _____ Grade: _____

Parents/Guardians: _____

Start date of absence: _____ Returning date: _____

Reason for anticipated absence:

I will notify my teacher(s) of this absence. I promise to complete all of my homework within one week after I return. I understand that this extended absence, while classes are in session, could result in missing work that cannot be made up, thus resulting in a lower grade.

Student signature and date:

I/We will supervise any work that may be assigned during this time.

Parent/Guardian Signature and date:

*This request must be returned to the school office a minimum of three (3) days prior to an anticipated absence.

Teacher signature and date: _____

Teacher signature and date: _____

Teacher signature and date: _____

Teacher signature and date: _____

Teacher signature and date: _____

International Program Director (If applicable) Signature and date:

Administrative Signature and date:
