



101 E Northland Avenue
Appleton, WI 54911
920-735-9380

ANTICIPATED ABSENCE REQUEST FORM

One form per student. PLEASE PRINT

Student Name: _____ Campus: _____

Parents/Guardian: _____ Grade: _____

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.

Student Signature: _____ Date: _____

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

Parent/Guardian Signature: _____ Date: _____

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

Principal Signature: _____ Date: _____

NOTE: Homework will be given to the student upon return from absence.