



## ANTICIPATED ABSENCE

*One form per student. PLEASE PRINT*

Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Grade: \_\_\_\_\_

Start Date of Absence: \_\_\_\_\_ Returning Date: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student must inform Teachers prior to absence:

Teacher: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

I promise to complete all my homework.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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