



ANTICIPATED ABSENCE REQUEST

Name \_\_\_\_\_

Grade \_\_\_\_\_

Date of Absence \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Detailed Reason \_\_\_\_\_

\_\_\_\_\_

Parent's signature \_\_\_\_\_

School Use Only

Principal's Signature \_\_\_\_\_

\_\_\_ Excused \_\_\_ Unexcused \_\_\_ Medical \_\_\_ College Visit

Elem. Teacher's Signature \_\_\_\_\_

MS/HS Teachers ~please initial by class period

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_

"Prior notice of an anticipated absence should be given at least one week in advance." ~ Student Handbook 11.1.3

Student ~Return this form to the office after your teachers have initialed it