EXTENDED ABSENCE FROM SCHOOL

This form should be completed and returned to the Attendance Office prior to any anticipated absence of more than two days in succession.

Student's Name _____ Grade _____ Date _____

Reason for Absence:
1. Family Business or Vacation _____
2. Illness or Hospitalization _____
3. Personal Business _____
4. Other _____

Class	**Teacher**	**Assignment**

Signature of Parent Authorizing Absence _____

Number of Actual School Days to be Missed _____

Length of Absence _____/_____ to _____/_____
Month Day Month Day

The student must recognize that he/she is responsible for any work missed while being absent. The teacher will provide instructions as to what work will have to be made up, but the responsibility for the completion of the make up work rests with the student.

After this form is completely filled out, return it to the Attendance Office.

Signature of Assistant Principal _____