STUDENT REQUEST FOR ABSENCE

Student possession of this form does not necessarily mean approval by the school.

To the Student: Please fill in the following information

Name: _____

Date (s) of Absence: _____

Reason for Absence: _____

For the Parent: I request that my student be absent during the designated time. I understand that with this request comes the responsibility of having my child make up his/her work within the time designated by the teacher (s) involved. If this absence is deemed unexcused according to the attendance policy, I understand one point per class per day will be taken from student grade. I also understand that credit for classes missed may be jeopardized, under the same attendance policy.

Parent Signature _____ Date _____

To the Teacher (s): The above-named student is requesting to be absent from school. If, for any reason, you feel that this student should not miss your class at the designated time, please indicate on this form and give the reason.

Please initial if you give permission. Thank you.

Period	Subject	Teacher Initials	Current Grade	Comments
ONE				
TWO				
THREE				
FOUR				

I have reviewed the request and information presented on this form. I recommend that the student be allowed_____; not allowed_____ to be absent during the indicated time from school.

_____ _____

Assistant Head of School Date

All prior approval absences will count toward the absences allowed under the attendance policy.

PLEASE RETURN THIS COMPLETED FORM TO RESIDENTIAL LIFE OFFICE
5 DAYS BEFORE ABSENCE.