

- This form is for personal absences it is not needed for school sponsored activities

Name of Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of requested absence: From \_\_\_\_\_ To \_\_\_\_\_

Reason for absence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

***Please read statement below before signing***

**1st – 8th absence per semester**

Work missed can be made up if permission for the absence is given by a parent. Make-up work must be completed within the allotted time given.

**9th – 14th absence per semester**

The student's final semester grade will be dropped one full letter grade.

**15+ absences per semester**

No credit earned for class taken.

Student's Signature: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

**TEACHERS:** The above named student has requested a leave of absence. Please list assignments that will be due during the dates missed.

Period	Class	Assignments	Teacher's Signature	Due Date
A				
B				
C				
D				
E	LUNCH	*****	*****	*****
F				
G				
H				