

Extended Absence Request

Name: _____

Dates of Absence :

Grade: _____

_____ to _____

Student ID # _____

Reason for Extended absence:

Plan for completion of work during absence:

PERIOD	CLASS	TEACHER COMMENTS/CONCERNS	SIGNATURE
1.			
2.			
3.			
4/5 OR 5/6			
6/7 OR 7/8			
9			
10			

Student signature: _____ Date: _____

Parent Signature: _____ Date: _____

Counseling Secretary signature: _____ Date: _____