

Name of Student:	Grade:
Dates of Requested Absence: From	to
Reason for Absence:	
Please read the statement below before signing.	
Parents are strongly urged to avoid non-illness and extended	ed absences because such absences create an extra burden
for students upon their return. Extended absences underm seeks to instill in its students. Excessive absences may resu	
Student Signature: Pa	rent/Guardian's Signature
Principal's Signature:	
TEACHERS: The above named student has requested a leav	ve of absence. Please list assignments that will be due during

TEACHERS: The above named student has requested a leave of absence. Please list assignments that will be due during the dates missed and/or the procedures for receiving and completing assignments.

Teacher (Elementary)_____

Class:_____

Assignments	Teacher's Signature	Due Date