

REQUEST FOR ABSENCE(S)

STUDENT'S NAME			
NC WISE #			
GRADE		HR SECTION #	

PARENT'S GUARDIAN'S NAME	RELATIONSHIP	HOME PH#	WORK PH#	CELL PH#

As parent/guardian of the above named student, I request that he/she be excused from class on the date(s) listed below.

DATE(S) OF ABSENCE(S)	TOTAL NUMBER OF DAYS ABSENT	HOURS OF ABSENCE <i>(if applicable)</i>

Parent/Guardian must submit detailed reason for absence (**be specific**):

Check Reason

COURT	DEATH	EDU OPP	ILLNESS	MEDICAL	RELIGIOUS

Parent's Signature: _____ DATE: _____

STUDENT'S SCHEDULE (Print clearly)

PERIOD	HR	1 ST	2 ND	3 RD	4 TH
SUBJECT	HR				
TEACHER'S NAME					

It is the responsibility of the student to coordinate arrangements with the teacher(s) to complete make-up work within five (5) school days upon the student's return to school.

THIS FORM SHOULD BE SUBMITTED TEN DAYS PRIOR TO ANY EXTENDED ABSENCE.

APPROVED: DENIED:

Principal's Signature: _____ DATE: _____