



ANTICIPATED ABSENCE REQUEST FORM

Student Name: _____ Homeroom Teacher: _____ Grade: _____
Full Day Absence: __ Yes __ No Dates of Absence: _____
Partial Day Absence: __ Yes __ No Date and Time of Partial Day Absence: _____

Days Requested: _____ + Current Absent Count: _____ =<18

Reason for Requesting an Anticipated Absence to be Excused *(You may attach explanation if necessary).*

I have other children for whom I am requesting an anticipated absence (If yes list below) YES NO
(Please note you will need to complete a form for each school.)

Student(s)/Name(s)/School(s) _____

My signature verifies that I understand the information provided regarding Anticipated Absences.
_____ Parent Signature _____ DATE

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- YES Approved
 - YES Approved with Reservations due to: ___ Grades ___ Prior Attendance ___ Length of Absence
 - NOT Approved (Absences will be unexcused) ___ Exceeds Allowable # Absences for year ___ Other
(See Below)

_____ **Administrator Signature** _____ **Date**