

ABSENCE REQUEST FORM

To: Dr. Carol Walsh

From: _____ (Parent's Name)

Date: _____

Student (s): _____

Homeroom Teacher (s): _____

I request permission for my child/children to be absent from school on the following day(s),

_____, for the following reason (please state the reason

For your request):

By making this request, my child/children or I agree to discuss with the homeroom teacher(s) prior to the absence about how and when to complete all the assignments and/or tests that will be missed during the absence.

Parent's Signature

For Office Use Only:

Approved. The absence(s) on the following date(s) is/are excused: _____

Absences beyond those approved date(s) are unexcused.