HIGH SCHOOL ABSENCE REQUEST FORM

_____
Name

_____
Grade

Reason:

- ☐ Sickness (5 cumulative days of illness)
- ☐ Serious Illness
- ☐ Death in Immediate Family
- ☐ Senior College Visit (4 days allowed)
- ☐ Junior College Visit (2 days allowed)
- ☐ Mandatory appearance by a government agency
- ☐ Medical Appointment
- ☐ Other:_____

_____
Person in charge

_____
Date of Absence

OFFICE USE ONLY

_____
Received Date

_____
Approved Date

_____
Approved / Denied

_____
Administrative Signature

GPA	Subject	TeacherSignature	Comment or Assignment
	1st		
	2nd		
	3rd		
	4th		
	5th		
	6th		
	7th		
	8th		