MIDDLE SCHOOL ABSENCE REQUEST FORM

_____
Student Name

_____
Grade

Reason for Absence:

- ☐ Medical Leave (5 cumulative days)
- ☐ Death in Immediate Family
- ☐ Mandatory appearance by government agency
- ☐ Medical appointment
- ☐ Other:_____

_____
Adult/family member Responsible

_____
Date of Absence

OFFICE USE ONLY

_____
Received Date

_____
Approved Date

_____
Approved / Denied

_____
Administrative Signature

Admin Notes: _____
_____
_____

Period	*Teacher*	*Comment/Assignment*
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		