

APPLICATION FOR PERMISSION TO BE ABSENT

This should be returned in to the school office at least two days before the absence.

STUDENT _____

TEACHER _____

I wish to be absent from school on _____. Reason for absence
_____. The initial of my teacher indicates my classwork is passing
and complete. Teacher comments:

Teacher Initials: _____

I will prepare all assigned work and make the loss of school work as small as possible.

Student's Signature: _____

Parent's Signature: _____ **Date:** _____

Administrator's Signature: _____

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