



## STUDENT LONG-TERM ABSENCE REQUEST

Date Requested: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parents Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher \_\_\_\_\_

Present Grade: \_\_\_\_\_

Expected Dates Absent From \_\_\_\_\_ to \_\_\_\_\_

Number of Days Absent: \_\_\_\_\_

Reason for Absences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I realize that the school cannot grant permission for this and it is my son/daughter's responsibility to Make up all missed work and that any missed exams may or may not be allowed to be written at the Subject teacher's discretion. Please ensure your son/daughter has completed the "Assignment Sheet for Long-Term Absences" at Least one two weeks prior to leaving.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_ Deny \_\_\_ Other: \_\_\_\_\_

Determination by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_