S.H.S Absence Request

Please Print
Student’s Name: ____________________________________________________________________ Grade: ______

(First) (MI) (Last)

Passport:
☐ will be leaving on _____________________________(date) at _________________(time) for:  ☐ Doctor Appt.

☐ Dentist Appt.  ☐ Other Explain: _____________________________

Absence:
☐ was absent on ____________________________ (date/dates) for the following reason: ____________________________

Tardy:
☐ was late on ___________________________ (date) Due to:  ☐ Doctor Appt.  ☐ Dentist Appt.

☐ Legal  ☐ Appt.  ☐ Other Explain: _____________________________

Parent/Guardian Signature: _______________________________ Phone # _____________________________

*Proof of appointments will be required. An absence form MUST be submitted within 3 days of returning from an absence. Illegible or inaccurate forms will NOT be processed.

Office use only:
Received on: _______________________________

☐ Excused  ☐ Unexcused  ☐ Submitted beyond 3 day limit  ☐ Rq Dr.’s note

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