Request for Principal Approved Absence - 7X

Parents should complete the following and return to the principal’s office prior to the planned absence.

Please print.
Student(s) name | Grade | Teacher
---|---|---
1. | | |
2. | | |
3. | | |
4. | | |

Date(s) of the planned absence: ____________________________

Reason for absence: ______________________________________

______________________________________________________

Parent’s name: ________________________ Phone: ________________________

Parent’s email: ________________________

Parent’s Signature ________________________________________

Today’s Date: ________________________

**NOTE:** This absence must have PRIOR approval in order to be excused.

Approved ________ Not Approved_______

Principal Signature_________________________________________________________