

Extended Absence Request
Teacher Sign-off Form

The following student _____ Grade _____
has requested an extended absence from _____ to _____
for the following reason _____

Please consider the student's present standing in class and the potential effect of the proposed absence upon this standing when making your recommendation. Upon approval of this request, please arrange with the student a procedure for making up all missed work.

Period	Subject	Recommended	Not Recommended	Tchr. Signature	Date
1					

Teacher Comment:

2					
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Teacher Comment:

3					
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Teacher Comment:

4					
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Teacher Comment:

5					
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Teacher Comment:

6					
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Teacher Comment:

7					
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Teacher Comment:

8					
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Teacher Comment:

Counselor's Signature _____ Comment _____

Assistant Principal Signature _____ Date _____
(Student's Grade Level)

ONCE SIGNED BY ALL TEACHERS
PLEASE RETURN TO THE ATTENDANCE OFFICE, ROOM 112