

Extended Absence Report

(PLEASE PRINT)

Submit a minimum of five days before absence to the Junior-Senior High School office.

Name of Student: _____

Grade: _____

Approved extended absence is being requested for the following time period:

(Day/Dates to be absent.)

(Day/Date to return to school.)

I am aware that my child is responsible for assignments to be determined by his/her classroom teacher. The completed assignments are due to the teacher on the day which he/she returns to school. Any tests or quizzes which are given during the days missed must be made up within two school days from his/her return to school. Failure to complete assigned work as requested could result in attendance policy consequences. Please refer to the student-parent handbook.

Parent/Guardian Signature & Date

Student Signature & Date

Principal's Signature & Date

Counselor's Signature & Date