

SRV JR/SR HIGH PRE-APPROVED ABSENCE FORM

THIS FORM SHOULD BE COMPLETED AT LEAST TWO (2) DAYS PRIOR TO DATE OF ABSENCE OR THE ABSENCE WILL BE CONSIDERED UNEXCUSED.

Student Name: _____

Date/Dates of Absence: _____

Reason for the Absence (please explain in detail)

Student Signature: _____

Parent/Guardian Signature: _____

Please have your teachers initial the period you will miss to show that you have told them and received your assignment.

Initial	Comments
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
HR _____	_____

Approved: _____

Not Approved: _____