

**ABSENCE APPROVAL FORM**  
Middle School

The student hereafter named requests consideration for approval of absence on the dates listed below:

Student: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Assignments must be obtained from each teacher and must be completed and turned in before the date(s) of the absence, in order for the student to receive credit for the work. (Any exception to this policy must be approved by the teacher and Principal.)

This form must be submitted to the Principal for approval and then initialed by each teacher and signed by the parent.

1<sup>st</sup> Hour: \_\_\_\_\_

2<sup>nd</sup> Hour: \_\_\_\_\_

3<sup>rd</sup> Hour: \_\_\_\_\_

4<sup>th</sup> Hour: \_\_\_\_\_

5<sup>th</sup> Hour: \_\_\_\_\_

6<sup>th</sup> Hour: \_\_\_\_\_

7<sup>th</sup> Hour: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Principal's Signature