



S.H.S. Absence Request



Please Print

Student's Name: _____ Grade: _____
(First) (MI) (Last)

Passport:

*will be leaving on _____ (date) at _____ (time) for: Doctor Appt.
 Dentist Appt. Other explain: _____ (3 flex days PER YEAR for personal)

Absence:

*was absent on _____ (date/s) for the following reason: _____

Tardy:

was late on _____ (date) due to: Doctor Appt. Dentist Appt. Legal Appt.
 Other explain: _____ (3 flex days PER YEAR for personal)

Parent/Guardian Signature: _____ Phone # _____

*Proof of appointments may be required. An absence form MUST be submitted within 5 days of returning from an absence. Illegible or inaccurate forms will NOT be processed.

Office use only:

Received on: _____

- Excused Unexcused Submitted beyond 5 day limit Flex Time Excused All flex time used, notify parent
- Pending Illegible Inaccurate Information, notify parent Verify authenticity with parent Rq Dr's notes, NP
- Passport verified with _____ By _____



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