

REQUEST FOR PREAPPROVAL OF ABSENCE and INDEPENDENT STUDY CONTRACT

Print legal name of student _____ Grade _____ Today's Date _____

Proposed dates of absence _____ Reason _____ Letter attached YES NO

Principal's (or designees) signature _____ This absence is excused YES NO

**Sign below and have all of your teachers fill in necessary information.
Turn in the completed form, including all signatures, to the Attendance Secretary
a minimum of one day prior to the first day of absence.**

I am requesting to make up work and/or tests that I will miss during the proposed absence(s). I will make up the work and/or tests within a reasonable time as agreed upon in consultation with my teachers.

Student signature _____

Period _____ Subject _____ Comments/Dates for Completion _____ Teacher's Signature _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____