

# 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: \_\_\_\_\_

## Absence:

was absent on \_\_\_\_\_ (date/dates) for the following reason: \_\_\_\_\_

## Tardy:

was late on \_\_\_\_\_ (date) Due to:  Doctor Appt.  Dentist Appt.  
 Legal  Appt. Other Explain: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone # \_\_\_\_\_

**\*Proof of appointments will be required. An absence form MUST be submitted within 3 days of returning from an absence. Illegible or inaccurate forms will NOT be processed.**

### Office use only:

Received on: \_\_\_\_\_

Excused  Unexcused  Submitted beyond 3 day limit  Rq Dr.'s note

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