

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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