Anticipated Absence/Early Dismissal Request

Absence Information

Student Name: ________________________________
Date of Absence or Dismissal: ___________________
Time of Departure: ___________________________

Teacher Signatures and Work Assigned during Absence

Mr. Ellis: Assignment __________________________
Mrs. Taricco: Assignment _______________________
Mrs. Small: Assignment _________________________
Mr. Regele: Assignment _________________________
Mrs. Wildfong: Assignment ______________________
Mr. Crowthers: Assignment _____________________
Ms. Cochran: Assignment _______________________
Mr. Barney: ________________________________

Reason for Absence:

You must submit requests for absences, at least one week prior to the first day you will be absent.

Student Signature: ____________________________ Date: __________

Parent Signature: _____________________________ Date: __________

Director’s Approval

[ ] Approved
[ ] Unexcused