



MASS ACADEMY OF MATH AND SCIENCE

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 _____

Dr. Crowthers _____ 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