



MASS ACADEMY OF MATH AND SCIENCE

Anticipated Absence/Early Dismissal Request

Absence Information

Student Name: _____

Date of Absence or Dismissal: _____

Time of Departure: _____

Reason for Absence:

**You must submit requests for absences, at least one week prior to the anticipated absence.*

Students are responsible for contacting all of their teachers in advance to notify them of their absence and to make any necessary arrangements.

Student Signature: _____ ***Date:*** _____

Parent Signature: _____ ***Date:*** _____

Director's Approval

Approved

Unexcused

Director's Signature: _____ ***Date:*** _____

Additional Comments