

CIMS - Parent Request for Extended Student Absence

Student Name: _____

Parent/Guardian's Name: _____

Grade: _____ Advisory/HR Teacher: _____

Reason for student absence: _____

Date that the absence will begin: _____

Date that the student will return to school: _____

Number of days that the student will be absent from school: _____

By requesting this pre-arranged absence for my child(ren), I understand that:

- It is my responsibility to communicate with teachers.
- It is mine and my child's responsibility to retrieve make-up work that occurs as a result of the absence.

Parent Signature: _____

Date: _____

Office Use:

Date received in office: _____

Absence is: _____ Approved _____ Denied

Absence Type: _____ Excused _____ Unexcused _____ Family Business _____
Educational

Principal Signature: _____

Date: _____

Date returned to secretary: _____

Date parent notified: _____

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