

ABSENCE NOTIFICATION (Gr. 7-12)

	Student Name:		Grade:	
	Date(s) of proposed absence:	# of Days Gone:		
	Reason for absence:VacationFamily Occasion	Medical	College Visit (2/year)	
	Other/Explain:	_Other/Explain:		
	We understand that it is the student's responsibility to make up all assigned work.			
	Parent Signature:	Date:		
	♦ RETURN COMPLETED FORM TO RE	ECEPTIONIST •	,	

STEP 2

CHECK PORTAL FOR HOMEWORK

CLASS PERIOD	TEACHER ACKNOWLEDGEMENT (please initial)	COMMENTS
1 ST hour:		
2 nd hour:		
3 rd hour:		
4 th hour:		
5 th hour:		
6 th hour:		
7 th hour:		
8 th hour:		