Alonzo & Tracy Mourning Senior

REQUEST TO BE ABSENT FROM SCHOOL – College Related Visit

Name: _____ ID: _____ Date: _____

Address: _____ Phone: _____ Grade : _____

I am requesting permission to miss classes on the following days:

From: _____ To: _____

Reason: _____

Conditions determining whether this request is permissible or unsatisfactory:

1. The academic standing of the student
2. Attendance records - # of absences _____ # of tardies _____
3. Discipline history
4. Amount of school missed

Obtain approval of each classroom TEACHER AND RETURN TO Main Office (at least 3 days prior to requested days).

1st Period _____ 2nd Period _____

Reason: _____ Reason: _____

3rd Period _____ 4th Period _____

Reason: _____ Reason: _____

5th Period _____ 6th Period _____

Reason; _____ Reason: _____

7th Period _____ 8th Period _____

Reason: _____ Reason: _____

Absence is the cause of many failures in school. If this request is permissible, the responsibility for making up the work and submitting it in a timely fashion as per the teacher's guidelines lies entirely with the student. Please sign below indicating your understanding that your child's grade may be negatively impacted.

_____ _____

Student Signature Parent Signature

_____

Administrator Signature