



## EXTENDED ABSENCE FORM

Complete **only** if student is going to be absent three or more consecutive school days (this includes two school days and any portion of a third day)

**THIS COMPLETED FORM MUST BE RETURNED TO STUDENT'S VICE PRINCIPAL THREE SCHOOL DAYS PRIOR TO ABSENCE**

Student Name: \_\_\_\_\_

Dates student will be absent: \_\_\_\_\_ thru \_\_\_\_\_

Total number of school days missed: \_\_\_\_\_

Reason for extended absence: \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Teachers are not expected to re-teach the material missed. The student must make arrangements with classmates or tutors to catch up on the missed material.*

Teacher Initials

Teacher Comments

PERIOD 1: \_\_\_\_\_

PERIOD 2: \_\_\_\_\_

PERIOD 3: \_\_\_\_\_

PERIOD 4: \_\_\_\_\_

PERIOD 5: \_\_\_\_\_

PERIOD 6: \_\_\_\_\_

PERIOD 7: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Date Submitted: \_\_\_\_\_  Approved  Not Approved

Approval: \_\_\_\_\_

*Vice Principal of Academics & Student Life*