

LOWER SCHOOL
Request For Student Absence

Student Name: _____

Grade: _____ Teacher: _____ Date Submitted: _____

Date(s) of student absence: _____

Reason for request: _____

I, _____, the parent or guardian of the above student, understand that my child will be responsible for all assignments during the absence. **Teachers will have make-up work available for the student when he/she returns to school. I understand that due dates for projects and term papers are firm.** I have read and understand the Attendance Policy in the All Saints Parent/Student Handbook.

Parent/Guardian Signature

Date

School Head Signature

Date

Teacher(s) Signature(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____