



STUDENT EXTENDED ABSENCE FORM

Student Name: _____ Grade: _____

Full Day Absences

Submit this form to the office for approval at least *one week in advance* of expected absence.

Dates: _____

Will Return to School On: _____

Explanation

- Medical Reason
- Family Emergency
- Vacation/Day Trip
- OTHER: _____

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY

Date Submitted to Office: _____

Administrator's Signature: _____

- Excused
- Not Excused