



ABSENCE FORM

Student completes top portion; Mr Lowe completes bottom portion

STUDENT NAME: _____

DATE REQUESTED: _____ DATE SUBMITTED: _____

EVENT MISSED: _____

REASON FOR ABSENCE: _____

PARENT SIGNATURE: _____

THIS PORTION MUST BE COMPLETED AND SUBMITTED TO MR LOWE AT LEAST TWO (2) WEEKS PRIOR TO MISSED EVENT. (EXCEPTIONS: ILLNESS OR DEATH IN FAMILY; EITHER MUST BE GIVEN WRITTEN NOTICE BY PARENT)



STUDENT NAME: _____

DATE REQUESTED: _____ DATE RECEIVED: _____ DATE DUE: _____

ASSIGNMENT:

- ESSAY: TOPIC _____, _____ PAGES, _____ SOURCES, APPROPRIATELY CITED
- CLASSROOM PERFORMANCE WITHIN ONE WEEK OF ABSENCE
- SERVICE OPPORTUNITY: _____

DIRECTOR SIGNATURE: _____

COMPLETION WITHIN ONE (1) WEEK OF MISSED EVENT CAN RECOVER UP TO 75% OF THE ASSIGNMENT