



Pre-Absence Request

_____ plans to be absent from school on _____
Name Date

_____, _____
Reason Sponsor

Please indicate that appropriate make-up work has been assigned and you approve or disapprove.

Subject	Teacher	Approve or Disapprove
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
CaLP _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

If student is going to be out of the building, parental/guardian consent is mandatory.

Parent/Guardian Signature: _____ Date: _____

Deliver completed form to Mrs. Gita Noble, Student Internship Coordinator