

Request for Excused Absence

This form must be completed and turned in at least one week in advance of an anticipated absence by a student. (Excluding extreme emergencies) Requests known about further than one week in advance are expected to be turned in as far in advance as possible. Doctor appointments require an email to info@hillsideacademyduvall.com No form is needed.

Student Name _____ Today's Date _____

Date of anticipated absence _____

Reason for absence:

*Please note: Be specific. I must have enough information to be able to determine whether or not an absence may be excused. "Important matters," "Family reasons," etc. do not give me an opportunity to excuse a student.

Parent's Signature _____

Date _____

**** FILLING OUT THIS FORM DOES NOT GUARANTEE THAT THE ABSENCE WILL BE EXCUSED. IT IS THE RESPONSIBILITY OF THE STUDENT/PARENT TO FOLLOW UP WITH FURTHER INFORMATION OR MAKE-UP WORK.

_____ EXCUSED

_____ UNEXCUSED

Notes:

Director's Signature _____ Date _____