

Student Leave of Absence – Non Medical

_____ will be absent on _____

for the purpose of _____
He/she recognizes and accepts responsibility for any missed assignments/projects and needs to make arrangements with you in terms of assignment due-dates, etc. Please provide the necessary information below. **Turn this form into office after your teachers have signed.**

Student Signature & Date _____

Parent Signature & Date _____

1st Period- Signed _____ Date _____
Assignment-

2nd Period- Signed _____ Date _____
Assignment-

3rd Period- Signed _____ Date _____
Assignment-

4th Period- Signed _____ Date _____
Assignment-

5th Period- Signed _____ Date _____
Assignment-

6th Period- Signed _____ Date _____
Assignments-