BESSIE ALLEN MIDDLE SCHOOL

ANTICIPATED ABSENCE FORM

Today's Date: _____

Student Name: _____ Grade: _____

Date(s) student will not be attending school: _____ to _____

Date student will be returning to school: _____

Reason for absence: _____

Parent/guardian signature: _____

Will this absence put your student over the 10-day maximum for excused absences for this school year? _____

If yes, prior approval will be needed from the principal.

_____ _____

(Principal signature for those requiring prior approval) *(Date)*

After the above portion has been completed, the below section must be signed by all of your teachers. This is to notify them of your absence, and obtain any homework assignments required for the missing time period. It is the student's responsibility to bring this form to each of their teachers.

Subject	**Teacher's Signature**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This form must be completed and turned into the office PRIOR TO LEAVING.