

KEYSTONE HIGH SCHOOL

REQUEST FOR EXCUSED FUTURE ABSENCE

DATE \_\_\_\_\_  
STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

This form must be completed three days prior to the excused absence whenever a student will miss one or more days of school when the absences are known in advance. The request cannot exceed five days in length.

Please return this form to the High School Office when completed.

DATES OF REQUEST \_\_\_\_\_  
REASON FOR REQUEST \_\_\_\_\_  
PARENT SIGNATURE \_\_\_\_\_

Check here if school sponsored event \_\_\_\_\_  
Total school days to be missed \_\_\_\_\_

ASSIGNMENTS FOR PERIOD OF ABSENCE:

TEACHERS: If you feel that this student cannot afford to miss these days due to low grades please signify here:

EACH TEACHER CHECK ONE:

APPROVAL                      DISSAPPROVAL

1 <sup>st</sup> Period Teacher	_____	_____
2 <sup>nd</sup> Period Teacher	_____	_____
3 <sup>rd</sup> Period Teacher	_____	_____
4 <sup>th</sup> Period Teacher	_____	_____
5 <sup>th</sup> Period Teacher	_____	_____
6 <sup>th</sup> Period Teacher	_____	_____
7 <sup>th</sup> Period Teacher	_____	_____
8 <sup>th</sup> Period Teacher	_____	_____
9 <sup>th</sup> Period Teacher	_____	_____
10 <sup>th</sup> Period Teacher	_____	_____
11 <sup>th</sup> Period Teacher	_____	_____
12 <sup>th</sup> Period Teacher	_____	_____

OFFICE USE ONLY

Days present to date \_\_\_\_\_  
Days absent to date \_\_\_\_\_

REQUEST GRANTED

REQUEST DENIED

\_\_\_\_\_  
Principal or Designee

\_\_\_\_\_  
Principal or Designee