

(for individual classes or entire day/s)

Please submit notice **to the office** after obtaining necessary signatures. Please make arrangements as much in advance as possible. Makeup assignments will not be accepted (except for emergencies) without prior notice of absence.

Student Name _____ Parent Authorization _____

Today's Date _____ Dates (or times) of planned absence _____

Reason for absence: _____

Please notify your teacher(s) and get their signature(s). Assignments must be turned in before absence unless otherwise specified by the teacher.

Teacher	Signature	Comments
_____ Teresa Blankenship	_____	_____
_____ Sue Gaines	_____	_____
_____ Nancy Hansen	_____	_____
_____ Sandy Hodgson	_____	_____
_____ Gary Force	_____	_____
_____ Tony Wuerfel	_____	_____
_____ John Pauls	_____	_____
_____ Brian Howard	_____	_____
_____ Georgina Pidoux	_____	_____
_____ Rebekah Helbley	_____	_____
_____ Carol Schneider	_____	_____
_____ Marirose Force	_____	_____

Office Use Only:

_____ Excused Not Excused _____
Date Principal/Registrar