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## **PARENT REQUEST FOR FULL DAY ABSENCE**

(Two weeks advance notice required.)

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_

Date of Requested Absence: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Classroom Teacher Signature \_\_\_\_\_

Division Head Signature \_\_\_\_\_

Headmaster Signature \_\_\_\_\_

\_\_\_\_\_ Excused

\_\_\_\_\_ Unexcused

\_\_\_\_\_ Conference needed