

Bushnell-Prairie City High School

PARENT/STUDENT REQUEST FOR MISSING SCHOOL DAYS

Date: _____ Student: _____

Reason for Absence: _____

Dates to be Missed: _____

Please indicate your reaction to the student being gone at this time, and what effect this could have on his/her grade.

COURSE	INSTRUTCTORS SIGNATURE	COMMENTS
01	_____	_____
02	_____	_____
03	_____	_____
04	_____	_____
05	_____	_____
06	_____	_____
07	_____	_____
08	_____	_____

This form is to be signed by each instructor and the parent/guardian.

This form must be returned to the High School Office two (2) days before leaving. Dates are not approved until the form is signed by Ms. Daily.

Parent or Guardian Signature

Ms. Dawna Daily, Principal
Bushnell-Prairie City HS