## RIDGELINE HIGH SCHOOL

## STUDENT REQUEST FOR PRE-APPROVED ABSENCE

STUDENT'S NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

		_	steps you need to take in request absence. If it exceeds 10 school d	ing a pre-approved absence for ays, please talk to your counselor.
	<ol> <li>2.</li> <li>3.</li> <li>4.</li> </ol>	Your leave may affect your grade, and you will be responsible to collect and make up the work you missed while you are gone.  Take this form to each one of your teachers and have each fill out the form below.  One of your parents or guardians must sign the form indicating approval of this request. Without this signature your request cannot be approved.  Your teacher's signature indicates her/his willingness to work with you regarding make-up assignments.  After you have all the necessary signatures, please turn the form into the main office before leaving.		
DATES	YO	J	G TO BE GONE:	
REASON FOR THIS ABSENCES:				
TEACH	ER S	SIGNATURES:		
<u>HOUR</u>		<u>SUBJECT</u>	CURRENT GRADE IN CLASS	TEACHER SIGNATURE
1 <sup>ST</sup>				
2 <sup>ND</sup>				
3 <sup>RD</sup>				
4 <sup>TH</sup>				
 5 <sup>TH</sup>				
J				
			<del></del>	<del></del>

Student Signature

Parent Signature

Administrative Approval

<sup>\*</sup>Please note that all school work missed during this absence must be made up, in a timely manner\*