



Gorham Middle & High School  
120 Main Street, Gorham, NH 03581

### GORHAM MIDDLE HIGH SCHOOL EXTENDED ABSENCE REQUEST/NOTIFICATION

#### PARENT/GUARDIAN

Please fill out this section and ask your child to bring this form to all of his/her teachers.

My child, \_\_\_\_\_, will be absent from school from \_\_\_\_\_ to \_\_\_\_\_. He/she will miss \_\_\_\_\_ days of school.

*NOTE: Teachers will determine how and when work will be completed.*

\_\_\_\_\_  
Parent/Guardian Name - please print

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### TEACHERS

Please indicate that you have spoken to the student by signing in the spaces provided.

|                 | Teacher Signature | Comments |
|-----------------|-------------------|----------|
| Block /Period 1 |                   |          |
| Block/Period 1  |                   |          |
| Block/Period 2  |                   |          |
| Block/Period 2  |                   |          |
| Block/Period 3  |                   |          |
| Block/Period 3  |                   |          |
| Block/Period 4  |                   |          |
| Block/Period 4  |                   |          |
| MS Period 5     |                   |          |
| MS Period 6     |                   |          |
| MS Period 7     |                   |          |

**STUDENT** - Please return this form to the School Counseling Office as soon as possible.