HEDLAND SENIOR HIGH SCHOOL

REQUEST TO TAKE CHILD/REN OUT OF SCHOOL DURING SCHOOL TERM

STUDENT’S NAME: ____________________________________________ CLASS: _______________

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REASON FOR ABSENCE (Holiday/Funeral ect): __________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

DURATION OF ABSENCE (Number of Days): __________________________________________

FROM: _______________________________________ TO: ____________________________

(Starting Date of Absence) (Last Date of Absence)

PARENT/GUARDIAN SIGNATURE: ________________________________________________

PARENT’S NAME: ____________________________________ DATE: ______________________

PRINCIPAL ACKNOWLEDGEMENT OF REQUEST

PRINCIPAL’S SIGNATURE: ______________________________ DATE: ______________________

ENTERED ON SIS BY: ______________________________ DATE: ______________________