



HEDLAND SENIOR HIGH SCHOOL

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

STUDENT'S NAME: _____ CLASS: _____

STUDENT'S NAME: _____ CLASS: _____

STUDENT'S NAME: _____ CLASS: _____

STUDENT'S NAME: _____ CLASS: _____

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: _____

PARENTS'S NAME: _____ DATE: _____

PRINCIPAL ACKNOWLEDGEMENT OF REQUEST

PRINCIPAL'S SIGNATURE: _____ DATE: _____

ENTERED ON SIS BY: _____ DATE: _____