



TRADITION.  
INNOVATION.  
EXCELLENCE.

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## ABSENCE REQUEST FORM

*This form must be completed and turned in to the main office at least 5 days prior to the absence.*

Parent/Guardian Name: \_\_\_\_\_

Date(s) Students Will Be Absent: \_\_\_\_\_

Name of Students Attending:

Student Name	Grade	Homeroom Teacher

Reason for absence (*if there is a trip or vacation planned, please state the educational significance or value*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My signature below indicates that I have read and understand the Providence Heights Alpha School's Student Attendance Policy. I further understand that removing my child(ren) from school may impact their performance. I also acknowledge that I have discussed said information with my child(ren) and they too understand the Student Attendance Policy.**

Parent/Guardian Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

*Please return to the Principal for approval. Principal will notify all teachers of the absence.*

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Date Received: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Reason for Denial: \_\_\_\_\_

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