

PARENT'S REQUEST FOR ASSIGNMENTS DURING STUDENT ABSENCES

PARENT'S NAME \_\_\_\_\_

GRADE 7 8 9 10 11 12

HOMEWORK FOR \_\_\_\_\_  
(Students Name)

DATES OF ABSENCE FROM \_\_\_\_\_ TO \_\_\_\_\_

PERIOD	CLASS	ASSIGNMENT*	TEACHER SIGNATURE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

This absence will not be excused until this form is returned to the high school office.

\*Written assignments must be completed, but because class time discussion and lecture time are important, students will miss an intangible that can not be duplicated. Students are responsible for written work as well as class time activities.

\_\_\_\_\_  
Authorizing signature Date